

U.S. VETERANS HOSPITAL, JEFFERSON BARRACKS
(Veterans Administration Facility, Jefferson Barracks)
(Veterans Administration Hospital, Jefferson Barracks)
(Department of Veterans Affairs Medical Center, Jefferson Barracks
Division)
VA Medical Center, Jefferson Barracks Division
1 Jefferson Barracks Drive
Saint Louis
St. Louis City
Missouri

HABS MO-1943
MO-1943

PHOTOGRAPHS

WRITTEN HISTORICAL AND DESCRIPTIVE DATA

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HISTORIC AMERICAN BUILDINGS SURVEY

U.S. VETERANS HOSPITAL, JEFFERSON BARRACKS

HABS No. MO-1943

<u>Location:</u>	Veterans Affairs (VA) Medical Center, 1 Jefferson Barracks Drive, St. Louis, St. Louis County, Missouri USGS Quadrangle Oakville, Missouri UTM Coordinates 16 7257449 E 9966322 N 16 7259101 E 9966162 N 16 7258603 E 9965157 N 16 7257260 E 9965704 N
<u>Date of Construction:</u>	1922-1923, with buildings added in 1926, 1929, 1935-1939, 1951-1952, 1957, 1979, 1983, 1989, and 2008. The main development phases were in 1922-1923 and 1951-1952.
<u>Designer:</u>	Treasury Department Supervising Architect's Office (original development), Jamieson and Spearl, Maguolo and Quick (1950s expansion), and John Noyes (landscape architect for 1950s expansion)
<u>Contractors:</u>	James Stewart and Company (original development)
<u>Present Owner:</u>	U.S. Department of Veterans Affairs
<u>Present Use:</u>	VA Medical Center Complex
<u>Significance:</u>	The St. Louis VA Medical Center, Jefferson Barracks Division (originally the U.S. Veterans Hospital, Jefferson Barracks), is eligible for the National Register of Historic Places (National Register) under Criterion A for health and medicine. The original portion of the complex was constructed by the newly established U.S. Veterans Bureau in 1922-1923, to provide healthcare for veterans of the armed forces of the United States living in St. Louis County and the surrounding region. The facility was a general medicine hospital through the end of the 1940s and was converted to a neuropsychiatric hospital in the early 1950s. This conversion helped accommodate the large number of World War II veterans who needed treatment; the conversion was also part of the post-World War II reform movement for mental-health hospitals. The design and layout of the 1950s-era psychiatric treatment facilities also reflects the influence of Dr. Paul Haun, a Veterans Administration psychiatrist who was influential in the design of mental-health facilities in the post-World War II era.

Project Information: This project was sponsored and funded by the VA as mitigation for the demolition of buildings at the St. Louis VA Medical Center, Jefferson Barracks Division, a property that has been determined eligible for the National Register via consensus determination of eligibility between the U.S. Department of Veterans Affairs and the Missouri Department of Natural Resources State Historic Preservation Office.

Description:

The campus of the St. Louis VA Medical Center, Jefferson Barracks Division, is located on bluffs overlooking the Mississippi River, about ten miles south of downtown St. Louis, Missouri. The campus as it exists today is a multi-building complex specializing in psychiatric treatment, situated in a campus-like setting with broad grass lawns and mature trees. The complex includes buildings from a variety of time periods and was originally developed in 1922-1923; significant buildings were added in the late 1920s, 1930s, and 1950s, with some minor buildings added in the late 1970s, 1980s, and most recently in 2008. The location of the campus is just south of the historic Jefferson Barracks military reservation, on land once owned by the U.S. Army, north of the now defunct Koch Quarantine Hospital, which was a public facility for patients with smallpox, tuberculosis, and other contagious diseases.

The campus currently has two distinct areas that reflect the evolution of the medical center from 1922 to 2010: (1) the original hospital complex, which sits on the southern side of the campus and contains buildings constructed mostly between 1922 and 1940, plus a small cluster of three housing buildings to the northeast, which were added to the hospital in 1929; and (2) the northern side of the campus, which has buildings that date mainly to the 1950s Neuropsychiatric Hospital expansion of the campus, and to later decades. The description below covers the different eras of development of the property and is organized in the following sections:

- Southern Campus: Buildings and Layout of the Original Hospital, 1922-1923
- Southern Campus: Additional Buildings and Structures, 1924-1934
- Southern Campus: New Deal Expansion of 1935-1940, and World War II Inactivity, 1941-1945
- Northeastern Campus: Postwar Buildings and Landscape Design, 1946-1957
- Addition of Buildings and Structures to the Entire Campus in the Last Fifty-Two Years, 1958-2010
- Alterations: Building Exteriors and the Overall Campus Layout
- Alterations: Building Interiors

Southern Campus: Buildings and Layout of the Original Hospital, 1922-1923

The initial development of the hospital site began in 1922 and was completed in 1923. The original campus was oriented around a large oval-shaped drive with a grass lawn inside the oval. Buildings in the southern portion of the campus, dating to the early 1920s, have stucco exteriors and reinforced-concrete structural frames. Originally, all of the early 1920s buildings at the hospital campus had Neoclassical Revival architectural details; much of the detail has been removed, although most of the buildings retain Neoclassical Revival-style form and massing.

The initial phase of development included construction of seven buildings:

- **Main Hospital Building (Building 1).** This three-story Neoclassical Revival-style H-plan building has a reinforced-concrete structural frame and a stucco exterior. The main entrance is on the bar of the H, on the south wall of the building, and it opens out onto a landscaped grass lawn. This building originally housed all general medical and surgical functions, as well as a kitchen, dining hall, recreation room, and administrative spaces.
- **Administration Building (Building 2).** This building is a three-story reinforced-concrete-frame building with a stucco exterior and a rectangular plan. Originally constructed as the hospital's main administration building, the facility may have later accommodated housing for nurses or hospital attendants.
- **Nurses' Quarters 1 (Building 3).** This building is a two-story reinforced-concrete-frame building with a stucco exterior and a rectangular plan. The building originally featured central porches on both the east and west walls. At first, the building served as quarters for nurses but later accommodated both nurses and hospital attendants.
- **Attendants' Quarters (Building 4).** Located directly behind the Main Hospital, this building is a two-story reinforced-concrete-frame stucco-clad facility with a long rectangular plan and central porch. Originally constructed as quarters for the attendants, by the late 1940s, the building had been converted to the Colored Patients Building, a segregated hospital for African American patients. The building served that function through the 1940s but was converted to administrative and educational space after VA hospitals were integrated in the 1950s.
- **Boiler House 1 (Building 5).** This building is the hospital's original boiler house and is a single-story stucco-clad building with a reinforced-concrete structural frame. Located directly behind the Attendants' Quarters, outside the oval drive, the building served as a boiler house until the new Boiler House 2 (Building 70) was built in 1950-1952 as part of the hospital's expansion. At that time, Boiler House 1 (Building 5) was remodeled into a maintenance facility.

- **Laundry 1 (Building 6).** This building was the first of three laundry buildings at the hospital. It is a single-story stucco-clad building with an H-plan and a reinforced-concrete structural frame. The building served as the hospital laundry until a new laundry was built in the early 1950s. After 1952, the original laundry (Building 6) was used as a warehouse.
- **Garage (Building 7).** This facility is a single-story building with a reinforced-concrete frame and a stucco exterior. The building has a south wing that has been used for maintenance facilities and as a garage, and a north wing addition that has always been used as a warehouse.

These seven buildings were constructed from standard plans developed by the Department of the Treasury Supervising Architect's Office in Washington D.C. and were laid out in a formal, symmetrical composition. A 1925 development map of the hospital complex shows the buildings positioned on a central oval drive.¹ The Main Hospital was at the center of the oval, forming the dividing line between the lower and upper portions of the hospital campus.

The lower portion of the hospital campus was centered on the facade of the Main Hospital (Building 1), which faced south and looked out over the landscaped lawn contained within the oval drive. The Administration Building (Building 2) and Nurses' Quarters 1 (Building 3) were positioned south of the lawn and the oval drive. In general, the lower half of the campus served as the public face of the hospital, and the buildings there had more formal architectural decoration, such as columned porticos and arched openings with wood fan motifs. Utility buildings that were plainer in design were grouped on the upper half of the campus where they would not be as visible to visitors. The original campus plan also included an underground reservoir and water tower, but these structures have been demolished.

Today, the lower portion of the campus retains many aspects of the original hospital plan, including the layout of the buildings, the oval drive, and some remaining areas of the south lawn. New buildings were constructed in the 1920s and 1930s, but these buildings were similar in design to the original 1922-1923 facilities and were positioned in a way that preserved the character of the original oval-shaped site plan. However, some changes have been made to the lower portion of the hospital campus. Starting in the 1950s, portions of the oval lawn, and the grass lawn between Nurses' Quarters 1 and the Attendants' Quarters (Building 4), were replaced by asphalt parking lots. A portion of the original oval lawn has been retained south of the Main Hospital, and some lawn and tree space has been retained around the edges of the campus. The replacement of trees and grass with asphalt reflects the mid-to-late-twentieth century's emphasis on the personal automobile, but the asphalt has also somewhat diminished the formal character of the lower portion of the 1922-1923 campus.

¹ Department of the Treasury, Supervising Architect's Office, *Jefferson Barracks, MO, No. 92*, 1922, on file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.

The upper portion of the original campus contained the Attendants' Quarters in the center, positioned directly north of the Main Hospital, within the oval. Three utility buildings—Boiler House 1 (Building 5), Laundry 1 (Building 6), and the Garage (Building 7)—were arranged in a semicircular pattern to the north of the Attendants' Quarters, facing the oval drive. The Attendants' Quarters was surrounded on all sides by grass lawn, and a paved apron was positioned south of the three utility buildings. Today, the portion of the original lawn north of the Attendants' Quarters has been converted to an asphalt parking lot, which has diminished the original park-like setting of this part of the campus. The area north of the utility buildings (the northern campus) was developed for hospital expansion in the 1950s; this area today contains buildings, lawn spaces, and parking lots. This portion of the hospital originally held outdoor recreational facilities including a baseball diamond and a golf course.

Southern Campus: Additional Buildings and Structures, 1924-1934

The hospital campus was expanded incrementally in the last half of the 1920s by the addition of five buildings to the campus. Two of the buildings, the Storehouse (Building 8) and the Neuropsychiatric Building (Building 25) have stucco exteriors and reinforced-concrete structural frames. Like the early 1920s buildings, the Neuropsychiatric Building has had some of its original wood Neoclassical Revival architectural details removed, but it retains Neoclassical Revival-style form and massing. The Storehouse was plain in character and did not have any exterior ornament.

A three-building housing complex was added to the northeast portion of the southern campus in 1929: Duplex Personnel Building 1 (Building 27), Duplex Personnel Building 2 (Building 29), and the Medical Officer in Charge Residence (Building 28). These three buildings are physically removed from the rest of the campus. Originally clad in stucco, the buildings have been re-clad in vinyl siding and have brick load-bearing structural walls rather than reinforced-concrete framing. These buildings were designed with elements of the Craftsman and Colonial Revival architectural styles, along with Neoclassical Revival features.

A flagpole (Facility 32) was added to the hospital campus ca. 1925-1934. The five buildings and the flagpole (described below) were incorporated into the existing oval-shaped layout of the hospital campus, and have many of the same exterior design features and materials as the original 1922-1923 buildings.

- **Storehouse (Building 8).** A single-story stucco-clad building constructed in 1926 as a support facility, this building continues to serve as a warehouse.
- **Neuropsychiatric Building (Building 25).** This building is a three-story stucco-clad building constructed in 1929 as a psychiatric treatment facility for approximately 100 patients. By the 1950s, it was used as a general medical building and may have

provided supplemental hospital ward space. Today, it accommodates offices for the medical center's canteen service.

- **Duplex Personnel Building 1 (Building 27) and Duplex Personnel Building 2 (Building 29).** These two buildings are identical single-story brick-masonry two-family residences that are part of a group of three residential buildings. Located on a hill, these buildings are separate from the other hospital buildings. Both duplexes are currently vacant.
- **Medical Officer in Charge Residence (Building 28).** This building is a single-story masonry single-residence constructed for the Medical Officer in Charge (the director) of the hospital complex. The residence is part of the group of three residential buildings that also includes two duplexes. This building is currently vacant.
- **Flagpole (Facility 32).** The flagpole is located in a landscaped area on the south side of the Main Hospital (Building 1). Although hospital facility lists date this flagpole location to 1952, maps and aerial photographs show that a flagpole was added to this site after 1925 but no later than 1934.

Southern Campus: New Deal Expansion, 1935-1940, and World War II Inactivity, 1941-1945

In 1930, the newly formed U.S. Veterans Administration (VA), which replaced the U.S. Veterans Bureau, assumed maintenance and operation of hospitals for veterans. From 1935 to 1939, the VA added five buildings to the Jefferson Barracks VA Hospital campus: Engineering Maintenance Office (Building 17); Nurses' Quarters 2 (Building 18); Dining Hall (Building 23); Recreation Building (Building 24); and Personnel Garage (Building 35). These buildings mimic the architectural style and exterior finishes of the original 1922-1923 hospital buildings, and many of them housed facilities that were formerly accommodated in the Main Hospital, such as the main dining hall, theater, and recreational facilities. By moving these functions out of the Main Hospital, more room in the Main Hospital could be devoted to patient beds and treatment rooms. Additional quarters were also added to the hospital campus at this time to make room for the extra nurses and attendants needed for the growing hospital.

Buildings added in the mid-to-late 1930s and early 1940s have stucco exteriors and reinforced-concrete structural frames. Like the 1920s buildings, the buildings of the mid-to-late 1930s and early 1940s have had many of the original wood Neoclassical Revival architectural details removed but retain Neoclassical Revival-style form and massing. Most of the buildings were fitted into the existing 1922-1923 layout of the hospital, although it appears that the existing oval drive was extended south for Nurses' Quarters 2. Buildings added to the complex during this time are described below.

- **Engineering Maintenance Office (Building 17).** This office is a single-story gabled stucco-clad facility with brick load-bearing walls. The building was constructed in 1935 and used as an engineering facility.
- **Nurses' Quarters 2 (Building 18).** Erected in 1939, this building is a three-story reinforced-concrete-frame stucco-clad building that was constructed to allow a larger number of nurses to live on-site at the hospital. The completion of Nurses Quarters 2 also allowed other buildings to be converted to new uses. By 1948, Nurses' Quarters 1 (Building 3) had been converted into attendants' quarters, which cleared the way for the former Attendants' Quarters (Building 4) to be converted to the Colored Patients' Building, a segregated hospital for African American patients.
- **Dining Hall (Building 23).** This building is a single-story reinforced-concrete building clad in stucco, with a flat roof. Before this building was constructed in 1937, the dining hall was located in the Main Hospital building. The Dining Hall (Building 23) continued to serve as a kitchen and dining facility through the 1990s, but today it is a maintenance shop and prosthetics building.
- **Recreation Building (Building 24).** Built in 1936, this facility is a three-story reinforced-concrete-frame building clad in stucco and is in the Neoclassical Revival style. Recreation activities were housed in the Main Hospital before this building was completed. This facility served as the recreation building through the 1950s and featured a large theater space; today, the Recreation Building houses a canteen, library, and auditorium.
- **Personnel Garage (Building 35).** This building is a single-story stucco-clad garage with load-bearing masonry walls and a shed roof. The building was constructed in 1940 to house motor vehicles owned by residents of the nearby Nurses Quarters 2 (Building 18). Today, the Personnel Garage is used for storage.

No major new buildings were constructed at the VA Hospital, Jefferson Barracks, during World War II (1941-1945). In general, federal construction dollars during the war were channeled mainly to expanding the military bases, to war-worker housing, or to building factories that manufactured materials or goods needed for the war.

Southern Campus: Demolished Buildings

A number of buildings that were added to the hospital from 1924 to 1940 have been demolished. These buildings appear on the 1948 map of the hospital complex but no longer

exist: Buildings 13-16, 19-20, 37, 40-43, and 46-47,² which are mostly garage, utility, and storage facilities (as described on the 1948 campus-map building list below). No record of these buildings was found other than their appearance on hospital campus maps.

Northern Campus: Postwar Buildings and Landscape Design, 1946-1957

No facilities dating to 1946-1949 currently exist at the St. Louis VA Medical Center, Jefferson Barracks. However, a large building campaign was scheduled for the northern part of the hospital campus in 1950-1957, the purpose of which was to convert the Jefferson Barracks VA facility from a general and medical hospital to a neuropsychiatric hospital. As part of this project, fifteen new buildings were constructed, many of which remain today. Another two were planned but never built. In addition, many of the existing buildings acquired new functions when their original functions were transferred to the new buildings.

Hospital campus maps were drafted in 1948 and 1950 in preparation for the conversion project; the buildings shown on the 1948 hospital campus map are listed below. (This list includes both extant and demolished buildings. Please note that the map was a planning document, so some of the building uses for existing facilities may represent future planned uses of the buildings rather than the use of the buildings in 1948.)

- Main Hospital Building (Building 1)
- Administration and Residential Building (Building 2)
- Attendants' Quarters (Building 3)
- Colored Patients' Building (Building 4)
- Boiler House (Building 5)
- Laundry (Building 6)
- Garage and Storage Shop (Building 7)
- Storehouse (Building 8)
- Three-Car Garage (Building 13)
- Five-Car Garage (Building 14)
- Greenhouse (Building 15)
- Storage Shed (Building 16)
- Guinea Pig House (Building 17)
- Nurses' Quarters (Building 18)
- Steel Water Tank and Tower (Building 19)
- Storage Shed (Building 20)
- Dining Hall and Kitchen (Building 23)
- Recreation Building (Building 24)

² Jamieson and Spearl, Architects and Engineers, *544-Bed Neuropsychiatric Veterans Administration Hospital, Jefferson Barrack, Site Map*, 1948, on file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.

- General Medical Building (Building 25)
- Duplex Quarters (Building 27)
- Manager's Quarters (Building 28)
- Duplex Quarters (Building 29)
- Underground Reservoir (Facility 31)
- Flag Pole (Facility 32)
- Ash Storage Tank (Facility 34)
- Eighteen-Car Garage (Building 35)
- Three-Car Garage (Building 37)
- Outdoor Fireplace (Facility 40)
- Screened Summer House (Building 41)
- Greenhouse Shed (Building 42)
- Gatehouse (Building 43)
- Concrete Platform (Facility 44)
- Concrete Platform (Facility 45)
- Tool Storage Shed (Building 46)
- Guard House (Building 47)

The 1950s northern end of the campus contrasts starkly with the southern portion of the hospital that developed from 1922 to 1940. As products of the 1950s, the northern campus buildings reflect the influence of the International Style of architectural design—they are stark, plain, and cubic, with square forms and repetitive use of horizontal brickwork and other visual motifs that give the buildings an institutional appearance, even though the intent of the design was to avoid the look of a mental institution. However, in their original context of the 1950s, these stark architectural forms would have communicated the message that the new VA Neuropsychiatric Hospital at Jefferson Barracks was a clean, thoroughly modern, up-to-date treatment facility that was in no way similar to the outdated, poorly maintained state mental institutions that provoked public outrage in the late 1940s.

Unlike the early buildings at the VA hospital complex, the new buildings of the 1950s had brick exteriors and plain facades, and were designed by independent architectural firms. The architectural firm of Jamieson and Spearl of St. Louis completed the master plan for the new neuropsychiatric hospital and designed all of the new buildings constructed in 1950-1952, except for Laundry 2 (Building 48), which was designed in-house by the VA. Two additional buildings constructed in 1955-1957 were the work of the architectural and engineering firm Maguolo and Quick, also of St. Louis. In addition, the new hospital buildings did not conform to the original oval-shaped layout of the 1922-1923 hospital. Although the oval layout remained, the new buildings were constructed north of the original hospital campus on a new layout with curvilinear roads and broad areas of grass

lawn. Landscape was an important aspect of the new campus design, and the VA hired the distinguished landscape architect John Noyes, of St. Louis, to complete a landscape plan.³

The buildings constructed during the 1950s had reinforced-concrete structural frames and brick-clad exteriors. Most of these buildings also had multiple wings and flat roofs, and most were one or two stories high. At four stories, the Admissions Building (Building 50) was the only high-rise facility. Enclosed gardens were built behind buildings that housed patients, and plant boxes were installed around the Chapel (Building 64). Ample grass lawns were also planted, along with thirty-seven varieties of trees and shrubs, and small shrubs were positioned near the foundations of the buildings, with larger shade and decorative trees spread out across the lawns. The entire complex was surrounded by an older forest of oak trees, some of which may have been left over from the development of Jefferson Barracks as a U.S. Army facility in the nineteenth century.⁴

Buildings and structures completed during the 1950s construction phase are as follows:

- **Main Switching Station (Building 38).** This facility was built in 1952 to accommodate the additional electrical power that was needed for the new buildings of the 1950s construction campaign. The original facility was a switchgear, which is a common feature of large multi-building complexes, allowing normally functioning electrical circuits to continue operating while other circuits have been shut down due to overloads. The current Switching Station is a prefabricated gabled metal building with a fenced-in switchgear structure. The facility is located in an isolated area in the northwest part of the campus, near the boundary with the Jefferson Barracks National Cemetery.
- **Concrete Platform (Facility 44).** This facility is a fragment of a concrete platform, located on a hillside overlooking the Mississippi River. A 1959 plan shows this resource as 6'-0" wide and 107'-4" long, but only about a 10' length of pavement was visible at the time of fieldwork. The original use of the structure is unclear.
- **Concrete Platform (Facility 45).** This facility is a concrete observation deck that consists of a poured-concrete wall built into a hillside, and a series of concrete slabs that form a deck with benches and a railing. The deck is located on a hillside overlooking the Mississippi River.

³ Jamieson and Spearl, *544-Bed Neuropsychiatric Veterans Administration Hospital*; Maguolo and Quick, Architects and Engineers, *Additions and Alterations to Buildings and Utilities at the U.S. Veterans Hospital, Jefferson Barracks*, 1956-1957, on file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.

⁴ John Noyes, *Veterans Administration Hospital, Jefferson Barracks: Planting Plan*, 1950, on file at St. Louis VA Medical Center, Jefferson Barracks Division, Building 3T.

- **Laundry 2 (Building 48).** This building is a single-story structure clad in yellow brick, with a reinforced-concrete frame and a flat roof. It was the second laundry facility constructed at the campus and was replaced in 1989 by a new facility (Laundry 3, Building 88). Laundry 2 is now used as the medical center's National Media Development Building.
- **Neuropsychiatric Hospital, Admissions Building (Building 50).** Completed in 1952, the Admissions Building is a four-story brick-clad building with a reinforced-concrete frame and a flat roof. This building was constructed to accommodate patients as they entered into neuropsychiatric treatment at the hospital. Located northeast of the Main Hospital, the Admissions Building serves as a visual bridge between the original 1922-1923 south hospital campus and the newer 1950s northern portion. Although the building was an important part of the hospital from the 1950s through the 1990s, it is only partially in use today, with outpatient and psychiatric clinic spaces on the first floor; upper floors are used for storage.
- **Neuropsychiatric Hospital, Infirm Building (Building 51).** This resource is a single-story reinforced-concrete building with multiple wings and a flat roof. Clad in brick, it is located northwest of the Admissions Building and was completed in 1952. The facility was originally used to house neuropsychiatric patients who were elderly or in poor health, and it is currently used as the medical center's in-patient psychiatric building. The building today includes a large northern wing addition that was built in 1985.
- **Fifty-Eight-Bed Spinal-Cord Injury Unit and Tuberculosis Neuropsychiatric Building (Building 52) (hereafter Spinal Cord and Tuberculosis Building).** This facility is a two-story reinforced-concrete brick-clad building with a flat roof and multiple wings. It is located north of the Infirm Building and includes a landscaped oval drive in front. The building was completed in 1952 and originally housed patients with spinal cord injuries and neuropsychiatric patients infected with tuberculosis. Today, the building is a treatment facility for those with long-term spinal-cord injuries.
- **Neuropsychiatric Hospital Disturbed Building (Building 53).** The Disturbed Building is a two-story facility with a reinforced-concrete frame, brick cladding, and multiple wings. Located next to (northwest of) the Spinal Cord and Tuberculosis Building, the building was completed in 1952 and originally housed patients who were suicidal or violent or had severe mental disorders. The building is currently used as a nursing home and was heavily remodeled on the interior and exterior during the 1990s.

- **Kitchen (Building 60).** Completed in 1952, this building has an L-shaped plan and is a single-story brick-clad building with a reinforced-concrete frame and a flat roof. The building is centrally located among the 1950s patient buildings and has always functioned as the hospital's main kitchen.
- **Special Services Building (Building 61).** The Special Services Building is a single-story facility with a brick exterior, a U-shaped plan, and a mix of steel and load-bearing masonry structure. The building was completed in 1957 and is located in the northwestern corner of the complex, next to the Therapeutic Exercise Building (Building 63). The building originally contained a large theater, library, billiard tables, and a six-lane bowling facility for patients, and it continues to be used for recreational purposes.
- **Therapeutic Exercise Building (Building 63).** This resource is a single-story yellow brick-clad building with a flat roof, an irregular floor plan, and a mix of steel-truss and load-bearing masonry structure. The building was completed in 1957 and is located in the northwestern corner of the complex, next to the Special Services Building (Building 61); it is now known as the Gymnasium/Pool Facility.
- **Chapel (Building 64).** This simple chapel is clad in yellow brick and has a gabled roof and a rectangular plan. Completed in 1952, the building has a stark modernistic design but refers to traditional ecclesiastical design via several traditional features of the exterior, such as the gabled design, with oculus windows in each gabled end, and the capped buttresses. The interior has a long nave with a central aisle, as well as traditional stained glass. The building is located between the Admissions Building (Building 50) and the Infirm Building (Building 51) and is no longer in use.
- **Medical Rehabilitation Building (Building 65).** This building was completed in 1952 and is a single-story yellow-brick veneer building, with a reinforced-concrete frame, a flat roof, and U-shaped plan. Surrounded by other 1950s buildings, the building was originally used to accommodate various forms of therapeutic arts and crafts and skills-training activities to help rehabilitate hospital patients. The building continues to be used as a medical rehabilitation building.
- **Boiler House 2 (Building 70/70A/71).** Constructed in 1950-1952, this building is the second boiler house built on the medical center campus; it replaced the original Boiler House 1, constructed in 1922-1923. The building is a brick-clad flat-roofed facility with an irregular plan and a mix of steel and load-bearing masonry structure. Located in the northern part of the campus in a somewhat isolated area, the boiler house provided additional steam-heating capacity for the expanded 1950s hospital campus. The building is still used today as the boiler house.

In addition to the buildings listed above, the 1950 master plan map for the campus showed two continuing treatment buildings that were planned for construction on land east of the Disturbed Building (Building 53). These buildings were to have the same overall footprint as the Disturbed Building,⁵ but they were never constructed. The 1950-1957 construction campaign also included a landscape design by eminent landscape designer John Noyes, and the landscape plan, although altered, is still discernible in the landscape of the existing medical center.

Addition of Buildings and Structures to the Entire Campus in the Last Fifty-Two Years, 1958-2010

For the most part, only small support buildings were added to the Jefferson Barracks VA Hospital campus after the 1950-1957 expansion. The VA has not acquired additional land for expanding the medical center campus since the 1950s, and new buildings have been built on existing land. Buildings and structures constructed from 1958 to 2007 were mostly small utility facilities; expansion of major hospital facilities during those years was accomplished by adding on to existing buildings.

Starting in the 1950s, parking lots were also built on what was once lawn space in the southern portion of the campus, diminishing some of the park-like character of the original hospital layout. Additional administrative space was added in 2008 throughout the campus by constructing several small modular buildings on sites formerly devoted to grass lawn.

Today, the medical center retains fourteen post-1957 buildings and structures, listed below. These facilities were constructed during the period of 1979-2008.

- Cooling Tower (Building 82), 1989
- Emergency Generator (Building 83), 1979
- Emergency Generator (Building 84), 1979
- Emergency Generator (Building 85), 1979
- Emergency Generator (Building 87), 1979
- Laundry 3 (Building 88), 1989
- Security Station (Building 89), 2002
- Hazardous Waste Storage (Building 93), 1994
- Domiciliary Modular (Building 3T), 2008
- Medical Records Processing Modular (Building 4T), 2008
- Neuropsychology Modular (Building 51T), 2008
- Medical Rehabilitation Modular (Building 53T), 2008
- Food/Nutrition/Dietetics Modular (Building 60T), 2008
- Bus Stop Shelter (Building T81), 1983

⁵ Jamieson and Spearl, *544-Bed Neuropsychiatric Veterans Administration Hospital*.

Alterations: Building Exteriors and the Overall Campus Layout

The exteriors of all of the buildings at the hospital complex have been altered to some extent, affecting the appearance and spatial layout of the campus. In general, the exteriors of the 1920s and 1930s buildings have been more heavily altered than the majority of the 1950s buildings. All medical center buildings at the Jefferson Barracks VA Medical Center have replacement windows and doors. In terms of exterior cladding, brick buildings have had the least changes, but almost all stucco-clad buildings have had replacement stucco applied and have lost original architectural details such as wood columns and wood trim.

Several of the 1920s and 1930s buildings have been further altered by additions, and stair or elevator towers have been added to most of the larger 1920s and 1930s buildings. Connector corridors were also added to the 1920s and 1930s buildings, and beginning in the late 1930s, all of the major hospital buildings were connected by above-ground corridors so as to control the movement of patients and minimize patient exposure to harsh weather conditions. On the Admissions Building (Building 4), the main central entrance porch was demolished, and a connector tunnel was attached to the center of the original facade where the porch originally stood. A fragment of the porch was retained and reassembled on the side of the connector corridor. In addition to affecting the exterior appearance of the individual buildings, the corridors also changed the campus landscape by altering the spatial relationship between the buildings. The corridors are now attached to most of the older 1920s and 1930s hospital buildings, as well as the later facilities dating to the 1950s. However, many of the 1950s facilities were originally designed with the connecting corridors in mind, so the architectural character of these buildings was affected less.

The 1950s buildings of the hospital campus all have replacement windows and doors, but exteriors retain original brickwork and simple stone trim. Many of these buildings have fairly intact exterior envelopes, but a few have had more extensive exterior alterations, such as the Infirm Building (Building 51), which received a large addition in 1985, more than doubling the size of the facility. The Disturbed Building (Building 53) was also completely gutted and rebuilt in the 1990s, with plain red brick veneer and gabled parapets added to transform and soften the building's exterior. This work was completed in association with the use of the Disturbed Building as a nursing home.

The construction of additional buildings between 1979 and present further altered the landscape of the medical center campus and the relationship of the buildings to one another. Parking lot development on the oval lawn area of the southern portion of the campus has also diminished the park-like character of the original 1922-1923 campus plan.

Alterations: Building Interiors

Interior remodeling has caused extensive changes to most of the medical center buildings, predominantly in the buildings that are used for medical or psychiatric treatment, as these buildings must be remodeled to conform to modern standards and techniques for treatment. Office and administrative buildings on the campus also have been heavily remodeled on the interior; the least altered buildings at the medical center tend to be the recreational, maintenance, and support buildings.

For the most part, the interiors of the pre-1940 buildings at the hospital have been remodeled repeatedly and contain few, if any, original architectural features. One of the few high-style pre-1940 interior spaces left at the medical center is the fairly intact Neoclassical Revival auditorium space in the Recreation Building (Building 24). Interior spaces in utilitarian buildings such as the Garage (Building 7) and the Storehouse (Building 8) are moderately intact but are plain, functional, industrial spaces with rough interior finishes. Particularly thorough remodeling has taken place in the Main Hospital (Building 1), the Administrative Building (Building 2), Nurses' Quarters 1 (Building 3), and Nurses' Quarters 2 (Building 18)—all of these buildings have either no original interior features at all, or the original features are limited to steel stairs.

The level of integrity of the 1950s buildings at the medical center varies widely. Several of these buildings possess relatively intact interiors: the Kitchen (Building 60), the Special Services Building (Building 61), and the Therapeutic Exercise Building (Building 63). The Admissions Building (Building 50) has some original interior finishes in the central lobby spaces on all four floors, but most of the rest of the interior has been fairly heavily remodeled. The Medical Rehabilitation Building (Building 65) also contains some unaltered corridors and rooms. Remodeling has been extensive in several of the 1950s buildings at the medical center that are still used for nursing home, medical, or psychiatric treatments, and these buildings contain no original interior features or finishes. The major examples are the Infirm Building (Building 51), the Spinal Cord and Tuberculosis Building (Building 52), and the Disturbed Building (Building 53).

History:

The St. Louis Veterans Affairs (VA) Medical Center, Jefferson Barracks Division, was originally known as the U.S. Veterans Hospital, Jefferson Barracks. Between 1921 and the present, the name has changed as follows, according to the changes in the VA organization:

- 1921-1929 (U.S. Veterans Bureau): U.S. Veterans Hospital, Jefferson Barracks
- 1930-1987 (U.S. Veterans Administration): Veterans Administration (VA) Hospital, Jefferson Barracks
- 1988-present (U.S. Department of Veterans Affairs): St. Louis Veterans Affairs (VA) Medical Center, Jefferson Barracks Division

The medical center is located approximately ten miles south of central St. Louis, and the site was originally part of the U.S. Army's Jefferson Barracks reservation. The hospital was established in 1922-1923 on former U.S. Army lands that were transferred to the U.S. Veterans Bureau in 1921. The bureau was replaced in 1930 by the U.S. Veterans Administration, which is now known as the U.S. Department of Veterans Affairs. The hospital functioned as a VA general medicine facility from 1923 to 1951; from 1952 to the present, the hospital has functioned as a VA psychiatric treatment facility. The VA Medical Center property was determined eligible for the National Register in 2009 by a consensus determination of eligibility between the U.S. Department of Veterans Affairs and the Missouri Department of Natural Resources State Historic Preservation Office.

Early History of the Area: 1767-1825

The site of the St. Louis VA Medical Center, Jefferson Barracks Division, was originally associated with the Village of Carondelet, which was founded in 1767 by Clement DeLore de Treget. The site was north of a temporary Catholic Missionary settlement established in 1702 at the mouth of the River des Peres. Many French Creoles came to the settlement from across the river in nearby Cahokia. Carondelet was a small community with a large central commons area, with a layout based on French Creole tradition. In the French Creole tradition, the land was divided into what was called long lots; the front of the property had a small frontage on a road or riverfront, and the sides of the lots were about twice as long, so the lots would be a long rectangular shape. The use of long lots leaves a distinctive pattern on the landscape that differed from the meets and bounds and township and range survey systems elsewhere in the country. The French Creoles had a strong presence in the town through the 1840s.⁶

The U.S. Army has been present in the region since the early nineteenth century. The first U.S. military fortification in the St. Louis area was Fort Bellefontaine, which was established immediately following the 1803 Louisiana Purchase. This fort was considered one of the most remote U.S. Army garrisons at the time, and its purpose was to protect fur traders.⁷ Fort Bellefontaine was located about twelve miles north of present-day St. Louis on the south bank of the Missouri River. The fort's location was not very suitable, as it sat on low ground below a bluff, experienced frequent flooding, and was hard to defend. By the 1820s, the fort had fallen into disrepair, and the U.S. Army decided to relocate to a more suitable location.⁸

⁶ Carondelet City, "History of Carondelet," <http://carondeletcity.tripod.com/history.html> (accessed July 29, 2010).

⁷ David Goodwin, *Ghosts of Jefferson Barracks* (Alton, Illinois: Whitechapel Productions Press, 2001), 26.

⁸ National Park Service, "Jefferson Barracks: The Early Years," *The Museum Gazette*, May 1994, <http://www.nps.gov/jeff/historyculture/upload/barracks.pdf> (accessed July 29, 2010).

Jefferson Barracks as a U.S. Army Facility: 1826-1946

Jefferson Barracks was established in 1826 as an infantry school of practice (basic training school) for the Army, to complement military theory taught at the U.S. Army's West Point academy. The installation also became a staging area for U.S. Army troops headed for the Missouri-Mississippi River Basin.⁹ Jefferson Barracks is the oldest continuously operating military installation west of the Mississippi River¹⁰ and is located on the western banks of the Mississippi River, about ten miles south of downtown St. Louis. The U.S. Army chose this site for its strategic geographic location.¹¹

On July 8, 1826, 1,702 acres of the Carondelet Town Commons was sold to the U.S. government for \$5.00. The site was to be used to build a new fort and was located in a wooded area on the west bank of the Mississippi River on a bluff, sitting far above the river's floodplain. The new military reservation was named Cantonment Adams, after then-president, John Quincy Adams. Soldiers lived in tents at the newly established reservation until 1837, when the cantonment's first five buildings were completed.¹² Construction stone and brick for these buildings were produced locally.¹³ Cantonment Adams was renamed Jefferson Barracks, after deceased President Thomas Jefferson, on October 23, 1826; Jefferson had died earlier that year on July 4. At that time, Jefferson Barracks was designated as the first basic training center for the U.S. Army, and was known as the Infantry School of Practice¹⁴

A small plot of land along the southern boundary of Jefferson Barracks was set aside for a small burial ground that was originally known as the Old Post Cemetery.¹⁵ The cemetery's first burial occurred on August 5, 1827, with the interment of Elizabeth Ann Lash, the infant daughter of an army officer stationed at the barracks.¹⁶ The Old Post Cemetery was later expanded and was designated a national cemetery during the Civil War; it is now known as the Jefferson Barracks National Cemetery.

By the late 1820s, soldiers and officers of Jefferson Barracks were in charge of protecting settlers and traders traveling west from Missouri along the Santa Fe Trail.¹⁷ In 1832,

⁹ Jefferson Barracks Heritage Foundation, "Jefferson Barracks, Established 1826," <http://www.jbhf.org/history.html> (accessed July 29, 2010).

¹⁰ Missouri Civil War Museum, "History," http://www.mcwm.org/jefferson_barracks.html (accessed July 29, 2010).

¹¹ Carondelet City, "History of Carondelet."

¹² Ibid.

¹³ National Park Service, "Jefferson Barracks: The Early Years."

¹⁴ Jefferson Barracks Heritage Foundation, "Chronological History of Jefferson Barracks," <http://www.jbhf.org/chronology.html> (accessed July 29, 2010).

¹⁵ Goodwin, *Ghosts of Jefferson Barracks*, 49.

¹⁶ Missouri Civil War Museum, "History."

¹⁷ Jefferson Barracks Heritage Foundation, "Chronological History of Jefferson Barracks."

Zachary Taylor led troops from Jefferson Barracks into the Northern Territories in what became the Black Hawk Indian War. Lieutenant Jefferson Davis and other Army officers captured American Indian prisoners, including Chief Black Hawk, and held them at Jefferson Barracks.¹⁸ As settlement expanded west, the vast distances between Jefferson Barracks and many of the widely scattered western settlements made it difficult for the U.S. Army to respond quickly to protect the settlers. To combat that problem, Colonel Henry Dodge organized the First Regiment of Dragoons, which later became the U.S. Cavalry, at Jefferson Barracks in 1833. The Dragoons were the first permanent cavalry established in the United States military.¹⁹

Over 200 Civil War generals who fought on both sides of the war, plus several wartime political figures, were stationed at Jefferson Barracks at some point in their careers. The list includes some of the Civil War's most important military and civilian leaders: Ulysses S. Grant, Robert E. Lee, William Tecumseh Sherman, James Longstreet, Joseph E. Johnson, Philip Sheridan, Winfield Scott Hancock, Montgomery Meigs, Albert Sidney Johnston, Braxton Bragg, and Jefferson Davis.

At the onset of the Civil War, Missouri was a slave state but remained in the Union. During the war, Jefferson Barracks became an important training base for the Union's Missouri volunteers, and the Federal Army Medical Department designated a portion of Jefferson Barracks as a military hospital. Jefferson Barracks went on to accommodate the largest and most important Union military hospital in the country,²⁰ with a permanent hospital and three temporary hospital complexes.²¹ Additional space was added by using Mississippi River steamboats as floating hospitals. It was during the Civil War that the U.S. Congress designated the Jefferson Barracks burial ground as a national cemetery.²²

After the Civil War, Jefferson Barracks continued to aid in western expansion, and its troops intervened in conflicts between settlers and American Indians. In 1892, the original stone buildings at Jefferson Barracks were demolished and replaced by brick buildings, and the parade ground was expanded.²³ In 1898, Jefferson Barracks was designated a staging area for troops in the Spanish-American War.²⁴ During the early twentieth century, Jefferson Barracks continued to be an important military reservation and was the starting point for many military careers, such as that of future president Dwight D. Eisenhower,

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Jefferson Barracks Heritage Foundation, "Chronological History of Jefferson Barracks."

²¹ Goodwin, *Ghosts of Jefferson Barracks*, 27.

²² Missouri Civil War Museum, "History."

²³ Ibid.

²⁴ Jefferson Barracks Heritage Foundation, "Chronological History of Jefferson Barracks."

who began his military career at Jefferson Barracks in 1911. In 1912, the first parachute jump from an airplane took place at the installation.²⁵

During World War I (1917–1919), Jefferson Barracks served as a training, recruitment, and personnel processing center for U.S. Army troops headed for Europe. The barracks was important at the beginning of the war, serving as the largest induction center for U.S. troops. The barracks was again important at the end of the war, serving as the largest U.S. demobilization center for troops returning from combat.²⁶

Following the war, in 1921, 180 acres of land in the southern portion of the Jefferson Barracks reservation were transferred to the U.S. Veterans Bureau for a Public Health Hospital for veterans, later known as the U.S. Veterans Hospital, Jefferson Barracks.²⁷ The hospital served as a general medical and surgical hospital until after World War II, when it was converted to a neuropsychiatric hospital.

During World War II, Jefferson Barracks served as a prisoner-of-war camp for Axis prisoners, mostly German and Italian soldiers.²⁸ Between 1941 and 1945, Jefferson Barracks again served as an induction and separation center, a basic training camp, and the largest technical training school from the U.S. Army Corps of Engineers.²⁹

Later History of the Jefferson Barracks Site: 1946-Present

In 1946, the War Department declared the Jefferson Barracks reservation to be surplus property. Soon after, 135 acres of the main post were transferred to the Missouri Air National Guard, and in 1950, 500 acres of the reservation was acquired by the St. Louis County Parks Department for development of the Jefferson Barracks Historic Park. At that time, another 250 acres of land from the reservation was added to the existing Jefferson Barracks National Cemetery.³⁰

The VA Hospital at Jefferson Barracks underwent major changes during this period. In the late 1940s and early 1950s, the VA built a new general medical and surgical hospital—the John Cochran Hospital—in downtown St. Louis. As a result, in 1950-1952, the VA's Jefferson Barracks facility was expanded and converted to a neuropsychiatric hospital.

²⁵ Ibid.

²⁶ Ibid.

²⁷ "Secretary Mellon Approves Barracks Site for Hospital," *St. Louis Post Dispatch*, July 2, 1921, 12.

²⁸ Goodwin, *Ghosts of Jefferson Barracks*, 24.

²⁹ Jefferson Barracks Heritage Foundation, "Chronological History of Jefferson Barracks."

³⁰ Ibid.

Additional follow-up hospital construction was completed in 1955-1957.³¹ Today, the original Jefferson Barracks property is divided into four parts:

- Jefferson Barracks National Cemetery
- Jefferson Barracks Military Park
- Missouri Air National Guard installation
- St. Louis Veterans Affairs (VA) Medical Center, Jefferson Barracks Division

The Jefferson Barracks National Cemetery now encompasses over 300 acres of land that was formerly part of the military reservation, and is the fourth largest national cemetery in the United States.³² The Missouri National Guard and the Army National Guard now occupy the active military base at the center of the reservation property. The base is home to the 1035th Maintenance Company, the 735th Force Provider Company, the 1138th Transportation Company, the Military Police Company, and the 157th Air Operations Group (Air National Guard).

The Jefferson Barracks Military Park covers 426 acres and includes many nineteenth-century buildings associated with the original army post. It is maintained by the Jefferson Barracks Museum or the St. Louis County Parks System.³³ The Air National Guard also maintains an active post at Jefferson Barracks, and this post contains historic buildings dating to the U.S. Army's occupation of the site. The VA Hospital campus continues to be an active facility and includes facilities for treating psychiatric and spinal-cord injuries, plus a clinic for general medicine.

A portion of the Jefferson Barracks property was listed in the National Register in 1972. The nomination included the Air National Guard base and the Jefferson Barracks Military Park. The nomination cited Jefferson Barracks as significant in the westward expansion of the United States, for its associations with important military and political leaders, for the site's military architecture, and for the property's potential to yield information from archaeological sites.³⁴ In 1998, the Jefferson Barracks National Cemetery was listed in the National Register in recognition of the property's historical significance. The entire original Jefferson Barracks military reservation property is now listed in the National Register, except for the VA Hospital property.³⁵

³¹ Mary Kimbrough, "Rehabilitation Is Goal at Barracks Hospital," *St. Louis Post Dispatch*, November 6, 1958.

³² Goodwin, *Ghosts of Jefferson Barracks*, 50.

³³ Jefferson Barracks Heritage Foundation, "Jefferson Barracks Museums." <http://www.jbhf.org/links.html> (accessed July 26, 2010).

³⁴ Harold O. Berry, *National Register of Historic Places Inventory Nomination Form for the Jefferson Barracks Historic District, 1967*, on file at the Missouri State Historic Preservation Office, Jefferson City.

³⁵ Therese T. Sammartino, *National Register of Historic Places Registration Form for the Jefferson Barracks National Cemetery, 1998*, on file at the Missouri State Historic Preservation Office, Jefferson City.

The St. Louis VA Medical Center, Jefferson Barracks Division, is not listed in the National Register but was determined eligible in 2009 via consensus determination of eligibility between the U.S. Department of Veterans Affairs and the Missouri Department of Natural Resources State Historic Preservation Office. The determination cited significance under National Register Criterion A because of the medical center's significance in the medical and psychiatric treatment of U.S. military veterans.

History and Establishment of Veterans' Hospitals in the United States

Early History: 1811-1920

In 1811, federal legislation provided for the first medical care for U.S. military veterans by establishing the Naval Home in Philadelphia, Pennsylvania, which was first occupied by disabled Navy and Marine Corps veterans in 1833. In 1851, following the Mexican-American War, a congressional act led to the creation of two military asylums: one in Harrodsburg, Kentucky, that had closed by 1860, and the United States Soldiers Home in Washington D.C. On March 3, 1865, the U.S. Congress established the National Home for Disabled Volunteer Soldiers, and the first home for disabled volunteer soldiers was built at Togus, Maine, in 1866. Additional homes were constructed around the country later in the nineteenth century.³⁶

In 1917, federal legislation established the Bureau of War Risk Insurance, a division of the Treasury Department, to administer benefits to disabled veterans. The bureau did not have sufficient resources to provide medical services to veterans, so the Treasury's Surgeon General of the United States Public Health Service assumed oversight of veterans' hospitals. The earliest newspaper accounts on establishment of a veterans' hospital at Jefferson Barracks refer to the facility as a public health hospital.³⁷

The U.S. Veterans Bureau: 1921-1929

In August 1921, the U.S. Veterans Bureau was established by the U.S. Congress to consolidate the federal government's many different programs for veterans, including the Bureau of War Risk Insurance, the Public Health Service, and the Federal Board of Vocational Education. However, the Bureau of Pensions and the National Homes for Disabled Soldiers were not included in the bureau and remained independent agencies.

³⁶ Frank T. Hines, "Medical Care Program of the Veterans Administration," in "The Disabled Veteran," special issue, *Annals of the American Academy of Political and Social Science* 239 (May 1945), 73.

³⁷ Hines, "Medical Care Program of the Veterans Administration," 74.

Colonel Charles R. Forbes was appointed as the first director of the U.S. Veterans Bureau.³⁸

Federal authorization to construct veterans' hospitals was granted in the first half of 1921 through the First Langley Bill. As a result, construction on these hospitals was already underway when the U.S. Veterans Bureau was created. The Second Langley Bill, passed in 1922, granted the U.S. Veterans Bureau direct authority to construct veterans' hospitals.³⁹ Under Forbes' leadership, the bureau initiated a large new construction program to replace the many obsolete hospitals used to treat veterans. Standardized designs for the new veterans' hospitals were drafted by the Department of the Treasury Supervising Architect's Office, discussed in further detail later in this context.

U.S. Veterans Bureau hospital buildings were designed for specific uses. Primary care buildings were used for patient treatments, while other buildings played support roles. Neuropsychiatric hospital buildings had specialized features different from those found in medical, surgical, and convalescent buildings. Hospitals with tuberculosis patients required specialized long-term care buildings. Support buildings included administration facilities, dining halls, recreation buildings, chapels, engineering shops, boiler plants, and staff housing.

Floor plans and interior features of U.S. Veterans Bureau hospital buildings were highly standardized, but the exterior architectural styles of the buildings varied, depending on the style the Treasury Department architects deemed most appropriate for the region where the hospital would be located. Styles used by Treasury Department architects for veterans' hospitals included Georgian Revival, English Tudor, Spanish Renaissance, and French Colonial. Originally, U.S. Veterans Bureau hospital buildings had large multiple-bed wards, large day rooms, and porches, but hospital interiors were constantly remodeled to reflect changing health-care standards. For example, from the 1930s onward, large wards accommodating sixteen or more patients were often subdivided to provide a mix of four- and six-bed wards and two-bed and single-bed rooms.⁴⁰

Site selection for new U.S. Veterans Bureau hospitals was based on several factors, the most important of which was the distribution of veterans in need of care and the type of care needed. Different types of hospitals were planned for different settings; neuropsychiatric and tuberculosis hospitals were built on large tracts far away from major urban centers, while general medicine and surgical centers were located on smaller parcels in or near major urban centers. To minimize site acquisition and construction costs, the bureau also preferred to build hospitals on land owned by other federal agencies. Local

³⁸ Department of Veteran Affairs, *VA History in Brief* (Washington, D.C.: Department of Public Affairs, 1997), http://www1.va.gov/opa/publications/archives/docs/history_in_brief.pdf (accessed July 29, 2010), 8.

³⁹ Ibid.

⁴⁰ Ibid.

civic and governmental organizations sometimes donated land, funds, or buildings to the bureau to encourage the development of a hospital in their community, and sometimes hospitals were located in the home state or hometown of a prominent political leader. Hospital sites were also chosen according to their ability to provide a healthy climate and access to clean water, utilities, and public transportation.⁴¹

The site of the U.S. Veterans Hospital, Jefferson Barracks, is approximately ten miles from downtown St. Louis. The remoteness of this site is not typical of U.S. Veterans Bureau general medical and surgical hospitals of the 1920s, which tended to be located in major urban centers. It appears that the largest factor considered by the U.S. Veterans Bureau in locating the St. Louis hospital at Jefferson Barracks was the availability of federally owned land and adjacent land donated by a local chamber of commerce.

A typical U.S. Veterans Bureau hospital of the 1920s could include nine different types of buildings that can be grouped into three overall categories:⁴²

- **General Medicine Facilities**

- *Main Hospital Buildings and Supplementary Ward Buildings.* Main hospital buildings were typically four or five stories tall, with a capacity of around 200 beds. The main hospitals contained medical and surgical centers, administration space, operating suites, receiving wards and clinics, and other facilities necessary for medical treatment. Many main hospital buildings constructed in the 1920s had an H-plan. Sometimes the facilities in the main hospital building were supplemented by smaller, separate two-story hospital-ward buildings that could hold anywhere from 100 to 200 additional beds.

- **Neuropsychiatric Facilities**

- *Acute Buildings.* These buildings provided care and treatment for patients with severe mental illnesses, who were sometimes violent or disruptive and required a separate facility. This building provided those patients with specialized treatment.
- *Infirmiry Buildings.* These buildings were for patients suffering from physical deterioration and neuropsychiatric disabilities and who could not care for themselves. Most of these patients were bedridden and required close supervision and constant care. These buildings included a dining room and kitchen.
- *Continued Treatment Buildings.* These buildings housed able-bodied patients with chronic psychiatric conditions. The patients had some restrictions and

⁴¹ Ibid.

⁴² Ibid.

required some observation, but they were able to attend meals in the dining hall and participate in occupational therapy.

- *Parole Buildings.* These buildings served recovering patients who had attained a sufficient level of physical and mental recovery and could care for themselves with only minimal supervision. These patients could take meals in the dining hall and had access to the recreation building.

– **Support Facilities**

- *Dining Halls.* This building type included dining rooms and the main kitchen.
- *Recreation Buildings.* These buildings featured a lounge where patients could play cards, billiards, and other games, as well as an auditorium and a library.
- *Residential and Quarters Buildings.* These kinds of buildings provided housing for hospital employees. There was typically a single dwelling for the director or manager of the hospital and two duplex units for key staff and their families. Also included were dormitory-style living units for nurses and attendants.
- *Various Utility Buildings.* This group normally included a boiler house, laundry, storehouses, garages, and maintenance shops. Many of the hospitals also had connecting corridors between the major hospital buildings to help control patient movement and protect patients and staff from unfavorable weather.

Starting in April 1922, benefits to U.S. military veterans were extended, and neuropsychiatric and tuberculosis treatment became available for veterans of the 1898 Spanish-American War, the 1899 Philippine Insurrection, and the 1900 Boxer Rebellion, who were suffering from disorders or conditions not incurred in the armed services. In 1924, treatment for veterans with diseases or injuries not incurred in the armed services was extended to World War I veterans.⁴³

Forbes served as the head of the U.S. Veterans Bureau for two years before being removed from his post. He was later convicted, with a prison term and fine, for conspiracy to defraud the government on hospital contracts. Retired Brigadier General Frank T. Hines took over for Forbes on March 2, 1923, and the following year, Hines reorganized the bureau into six services: medical and rehabilitation, claims and insurance, finance, supply, planning, and control.⁴⁴

Although Forbes left the U.S. Veterans Bureau in disgrace, he had accomplished a number of positive changes. He initiated a heightened level of concern for patient safety by

⁴³ Hines, "Medical Care Program of the Veterans Administration," 74.

⁴⁴ Department of Veterans Affairs, *VA History in Brief*, 8.

focusing on the dangers of fire and other life-threatening situations, and he also created a policy of establishing separate facilities for the specific needs of general medicine, surgical, tuberculosis, and neuropsychiatric patients. Tuberculosis treatment research initiated under the U.S. Veterans Bureau and carried on by its successor organization, the U.S. Veterans Administration, led to successes in drug therapy, and the need for separate tuberculosis hospitals was eliminated by the 1950s.⁴⁵

The Veterans Administration, Early History: 1930-1945

In 1929, President Herbert Hoover proposed further consolidating the agencies that administered veterans' benefits, prompting the U.S. Congress to create the Veterans Administration (VA), which united the U.S. Veterans Bureau, the Bureau of Pensions, and the National Home for Disabled Soldiers. The VA was officially established on July 21, 1930, with Hines as its first administrator. Responsibilities of the VA included medical services, life insurance, and bonus certificates for all eligible veterans; management of Army and Navy pensions, disability compensation, and allowances for World War I veterans; and retirement payments for emergency officers and civilian employees.⁴⁶

During the 1920s and early 1930s, tuberculosis was the dominant condition treated at VA hospitals, but thanks to VA treatment and research, the percentage of VA hospital patients being treated for the disease dropped to only 13 percent by the late 1930s. By that time, neuropsychiatric patients accounted for more than half of the population of VA hospitals.⁴⁷

During World War II, many VA hospital employees were drafted into or volunteered for military service, and able-bodied individuals to fill staff positions became scarce. In response, the VA reduced the minimum age and physical requirements for many hospital-related jobs. The VA also kept hospitals staffed during the war by hiring women to fill jobs that were formerly reserved for men.⁴⁸

The Post-World War II Veterans Administration, 1946-1988

Hines retired as head of the U.S. Veterans Bureau in 1945 and was followed by World War II-veteran General Omar N. Bradley. Bradley appointed Major General Paul Hawley, the chief surgeon for the European theater of World War II, to direct VA medical services. Hawley formed separate departments at VA hospitals to cover outpatient treatment for veterans with disabilities not related to military service, and created resident teaching

⁴⁵ Gjore J. Mollenhoff, Karen R. Tupek, and Sandra Webb, "Veterans Administration Medical Center, Hartford, Vermont," in *Connecticut River Joint Commissions National Register Properties*, <http://www.crjc.org/heritage/V11-21.htm> (accessed July 21, 2010).

⁴⁶ Department of Veterans Affairs, *VA History in Brief*, 12.

⁴⁷ *Ibid.*

⁴⁸ *Ibid.*, 13.

fellowships. Hawley also established the policy of affiliating each new VA hospital with a medical school.⁴⁹

The VA operated ninety-seven hospitals in 1942, and this number had expanded to 151 hospitals by 1950, as the need for medical and psychiatric treatment increased for the many soldiers who returned home at the end of World War II. In 1953, the VA was reorganized into three groups: the Department of Medicine and Surgery, the Department of Veterans Benefits, and the Department of Insurance.⁵⁰ In the late 1950s, the VA expanded its research to address chronic care issues that affected most VA hospital patients.⁵¹

Construction of sixteen new VA neuropsychiatric hospitals in the late 1940s and early 1950s was part of a wave of post-World War II reforms in mental-health treatment that swept the United States after wartime abuses at state mental hospitals were exposed in the press. Dr. Paul Haun, a VA psychiatrist in Washington D.C., was particularly influential in reforming the design of mental-health hospitals in the late 1940s. Dr. Haun emphasized humane treatment of patients and included outdoor and recreational activities and occupational therapy. Starting in the mid-1950s, the availability of psychoactive drugs at VA mental treatment facilities also helped some patients recover more quickly, which led doctors to abandon harsher forms of treatment like electro-shock therapy.

In the 1970s, in response to the needs of Vietnam War veterans, the VA established a nationwide network of VA centers to treat Vietnam Veterans, providing counseling services and treatments for post-traumatic stress disorder and alcohol as well as drug addiction. In the 1990s, service at these VA centers was extended to all combat veterans.⁵²

The Department of Veterans Affairs, 1989-2010

In 1988, President Ronald Reagan signed a bill elevating the VA to cabinet status. On March 15, 1989, the VA became the Department of Veterans Affairs, and Edward J. Derwinski was appointed as the first secretary. At that time, the VA was again reorganized into three departments: the Veterans Health and Research Administration, the Veterans Benefits Administration, and the National Cemetery System.⁵³

Further changes were made to VA health care in the 1990s. The Veterans Health Care Act of 1992 created the first gender-specific services and programs for female veterans, with the first VA center for female veterans established in November 1994.⁵⁴ The VA also

⁴⁹ Ibid., 15.

⁵⁰ Ibid., 16.

⁵¹ Ibid., 16-17.

⁵² Ibid., 23.

⁵³ Ibid., 26.

⁵⁴ Ibid., 28.

created the Center for Minority Veterans in 1994. In 1995, VA hospitals were grouped into twenty-two Veterans Integrated Service networks, which took into account population-based planning, decentralization, and universal availability of primary care, and emphasized that performance should be measured and judged by patient outcomes.⁵⁵

Established in 1930 with fifty-four hospitals, the VA today operates a total of 157 VA hospitals and medical centers. At least one hospital is located in each state, as well as in Washington D.C. and Puerto Rico. The VA also has the largest medical education and health professional training programs in the United States.⁵⁶

From Pavilion-Style Hospitals to Haun Hospitals: Hospital Theory and Development from the 1850s through the 1950s

The evolution of American hospital design is important background material that enhances our understanding of how the VA's Jefferson Barracks facility evolved over time. Earlier in the nineteenth century, the wealthy and middle class preferred home health care, but late-nineteenth-century sanitary regulations and advances in medicine encouraged more people to seek treatment at hospitals. With this increased demand for services, specialized hospitals began to emerge. As a result, the U.S. Veterans Bureau established separate facilities in the 1920s for general medicine and surgery, neuropsychiatric treatment, and tuberculosis treatment.⁵⁷ During the history of the U.S. Veterans Hospital, Jefferson Barracks, hospital design changed significantly. Major buildings of the hospital were built between 1922 and 1957, and this thirty-five-year period encompassed a variety of innovations in hospital design, many of which are reflected in the hospital's buildings, especially ones designed for general medical or psychiatric treatment uses.

Pavilion Hospitals: 1850s-1945

Most hospitals of the 1920s were examples of the Pavilion style, which consisted of multiple wings (pavilions) with sufficient space between them to provide adequate sunlight and good ventilation within the building. Nineteenth-century medical researchers blamed inadequate ventilation for the high mortality rate in hospitals, and scientists theorized that they could improve patient health by providing plenty of fresh air, eliminating crowded conditions, and segregating patients with different types of diseases. Pavilion hospitals

⁵⁵ Ibid., 29.

⁵⁶ Ibid., 29.

⁵⁷ G. C. Cook, "Henry Currey FRIBA (1820-1900): Leading Victorian Hospital Architect, and Early Exponent of the 'Pavilion Principle,'" *Postgraduate Medical Journal* 78:920 (2002), 354-355, <http://pmj.bmj.com/content/78/920/352.abstract> (accessed July 22, 2010).

originated in eighteenth-century France but were first widely used in mid-nineteenth-century Great Britain, and by 1900, they were the dominant style of hospitals worldwide.⁵⁸

Although the floor plans of pavilion hospitals typically followed a fairly standard pattern, the exteriors of the hospitals could be decorated in a wide variety of styles. Some hospitals had lavish Italianate or Gothic exterior ornamentation, while others were simpler. Many pavilion hospitals were built with fire-resistant materials, since fire was often used in the buildings to produce air drafts to remove “noxious vapors.”⁵⁹

With the development and acceptance of germ theory in the early twentieth century, it became apparent that cross-ventilation did not kill germs. However, pavilion hospitals continued to dominate new hospital construction through the late 1930s, although with some modifications. In contrast to nineteenth-century pavilion hospitals, pavilion hospitals of the twentieth century had interior layouts that were less open, with patients kept in smaller wards. Sunshine and fresh air were still considered to be good for overall health, so most hospitals continued to feature open porches for the patients. Along the same lines, many twentieth-century hospitals, especially tuberculosis and mental-health facilities, were constructed in rural or suburban settings, since inner-city settings were considered to be unhealthy and polluted. Pavilion hospitals constructed after 1900 were larger and more compact than earlier hospitals and took advantage of cost-effective modern construction techniques such as reinforced-concrete structural framing.⁶⁰

The 1922-1923 buildings of the U.S. Veterans Hospital, Jefferson Barracks, are good examples of 1920s pavilion hospital design. The hospital campus was located far away from downtown St. Louis, and the hospital grounds were developed with grass, trees, and landscaped walking paths. The hospital buildings contained relatively small wards for the patients and also featured open porches. The Main Hospital was an H-shaped building with porches, plus multiple wings to allow more fresh air and sunlight into the building. The buildings were constructed of modern reinforced concrete and were designed in the Neoclassical Revival style.

Post-World War II Hospital Design: 1946-1960

After World War II, the Pavilion style for hospitals was largely abandoned. Patient access to sunlight and fresh air was emphasized less, and so multi-pavilion layouts and porches began to disappear. In addition, while the revival of traditional architectural styles was influential in the pre-World War II years, the influence of architectural Modernism led many postwar hospital designers to use stark, cubic forms. After World War II, designers often structured hospital buildings as large, compact, multi-story towers, in contrast to the

⁵⁸ Ibid., 352-354.

⁵⁹ Ibid., 354.

⁶⁰ Ibid., 355-356.

sprawling Pavilion-style buildings that spread out over large campuses. Post-World War II hospitals often included fairly standard floor plans, plain facades, flat roofs, vertical circulation, and controlled ventilation.⁶¹

Critical changes came to mental-health hospital design after World War II, as part of sweeping reforms in the U.S. mental-health system. Public outcry for reform was spurred by medical and psychology writer Albert Q. Maisel's *Life* magazine article of May 6, 1946, entitled "Bedlam 1946: Most of U.S. Mental Hospitals Are a Shame and a Disgrace." Maisel's article reported that during World War II, conscientious objectors who refused to join the military were in many cases assigned jobs as mental hospital attendants as an alternative form of public service. These attendants reported shocking abuses in mental hospitals, including inadequate food and clothing, and physical abuse. Maisel's article provided details of the many abuses in mental hospitals, focusing mainly on state hospitals and specifically on overcrowded, underfunded facilities in Ohio. The article also mentioned that Maisel had testified before the U.S. Congress and "helped instigate important improvements in the Veteran Administration's mental hospitals."⁶² The controversy led to the passage of a mental-health reform act by the U.S. Congress in 1946, with the act quickly signed into law by President Harry S. Truman.

Some very specific reforms were undertaken in the design of mental-health facilities immediately on the heels of Maisel's controversial article in *Life*. By 1947, Dr. Paul Haun, a psychiatrist with the VA's Washington D.C. office, had begun working with the Army Corps of Engineers on new designs for mental-health facilities as part of a massive project to build eighty-five new VA hospitals: sixty-nine general medicine hospitals and sixteen new psychiatric treatment facilities. In March of 1947, Haun and his associates developed the "Schematic Plan for a 1,000-Bed VA Hospital," a general plan for psychiatric hospital facilities that recommended the types of buildings to be provided as well as the number of floors, the bed capacity, the types of facilities to be included in each building, and the sizes for nursing wards. This plan was made public in the article "New Trends in Hospital Design," by Haun and Dr. Z. M. Lebensohn, in the February 1948 edition of *The American Journal of Psychiatry*.⁶³ The article was published just before the VA began planning and designing facilities to convert its Jefferson Barracks campus into a neuropsychiatric hospital.⁶⁴

According to Haun and Lebensohn, the VA launched the largest building program in its history in 1948, part of which was the expansion planned at Jefferson Barracks. The new

⁶¹ Ibid., 2010.

⁶² Albert Q. Maisel, "Bedlam 1946: Most of U.S. Mental Hospitals Are a Shame and a Disgrace," *Life*, May 6, 1946, 102-118.

⁶³ Paul Haun and Z. M. Lebensohn, "New Trends in Hospital Design," *The American Journal of Psychiatry* 104, no. 8 (February 1948): 555-564.

⁶⁴ Ibid.

construction was based on collaborations between psychiatrists and architects to create a new vision for psychiatric patient treatment that reflected the spirit of reform prevalent in the post-World War II years. Haun and Lebensohn argued that the most important part of this task was to base the design of psychiatric facilities on the typical daily activities of the patients instead of on the number of beds, or on the stereotype of crowded dormitories and high levels of security.⁶⁵

Although Haun recommended that psychiatric treatment should ideally be administered at general medicine hospitals,⁶⁶ the VA nevertheless built sixteen new specialized neuropsychiatric hospitals during the post-war years. After new construction was finished in 1952, the Jefferson Barracks VA Hospital became one of those facilities. Historically, neuropsychiatric hospitals were located on large tracts of land in remote rural locations. Haun argued against that practice, insisting that to dispense high-quality care, neuropsychiatric hospitals needed to be located close to urban areas that contained competent doctors and large general medicine hospitals. Haun favored urban or suburban sites for psychiatric hospitals, with a recommended property size of about 150 to 300 acres. The Jefferson Barracks site provided ample acreage and was located near St. Louis, a major urban center, so it appears, for the most part, to conform to Dr. Haun's preferences for selecting sites.⁶⁷

Haun also was very concerned with the design of new hospital buildings and wanted to avoid buildings that resembled nineteenth-century mental asylums, since he felt these older buildings represented the abusive conditions that had been recently exposed in the press. Haun pushed for original designs reflecting current psychiatric treatment methods.⁶⁸ Within the post-World War II medical community, a large debate arose concerning the number of stories that new hospital buildings should have. Some hospital planners argued that new hospitals should contain single-story facilities spread out on large campuses, so patients could easily go outdoors and help dispel the sense of isolation and confinement. However, this type of design made supervision more difficult and complicated doctor-patient access, and others maintained that tall, skyscraper-like hospitals allowed doctors better and faster access to the patients, even though it was more difficult for patients to go outdoors.⁶⁹

Haun recommended drawing from both schools of thought and tailoring the design of the building to the function it would perform. Buildings for admissions, intensive treatment, and general medicine should have multiple stories, as these buildings were designed for efficiency of treatment and were places where the patients would stay for only relatively

⁶⁵ Ibid., 555.

⁶⁶ Ibid., 556.

⁶⁷ Ibid.

⁶⁸ Ibid., 557-558.

⁶⁹ Ibid.

short periods of time. For buildings where patients resided for longer periods of time, such as continued treatment facilities or nursing homes, Haun proposed low-rise layouts of one or two stories, which enhanced patient access to sunlight and the outdoors.⁷⁰

In psychiatric hospitals based on Haun's recommendations, the following buildings were typical:⁷¹

- **Administration Building.** This building served the entire hospital and included staff dining rooms and conference rooms to provide meeting space for administrative, medical, and psychiatric personnel.
- **Admission and Treatment Building.** Haun specified a 170-bed capacity for this building type and recommended that it include two nursing units for women. Patients were examined and assessed in this building when they first arrived at the hospital, and then underwent intensive treatment in this building for four to six months. These buildings included spaces for psychotherapy, group therapy, electro-shock therapy, hydrotherapy, physical therapy, occupational therapy, and recreational therapy. Patients requiring further intensive treatment after a four-to six-month stay in these buildings would be transferred to a continued-treatment building for additional attention.
- **General Medical and Surgical Building.** This building type was recommended to provide 240 hospital beds for general medical treatment of veterans who lived in the area around the hospital and were not psychiatric patients. Each of these buildings was to also include a psychiatric floor with sixty beds, which would be used to provide medical and surgical care for psychiatric patients.
- **Continued Treatment Building.** Haun recommended that each hospital have three continued treatment buildings, each with 160 beds. These buildings were intended for patients who required long-term care.
- **Disturbed Building.** This building type provided 120 beds for continued treatment of suicidal and violent patients, as well as patients with particularly severe mental conditions who required long-term care. These buildings included special facilities for hydrotherapy, physical medicine, and outdoor exercise. Each of these buildings also provided a high level of security.
- **Infirm Building.** These were single-story buildings that provided 100 beds per building, to be used to treat the elderly and patients who were weak or disabled.
- **Central Kitchen and Dining Hall.** The dining halls were intended for patients who had recovered enough to leave their respective treatment buildings, and for hospital

⁷⁰ Ibid.

⁷¹ Ibid.

staff. Haun anticipated that some patients would eat in the dining hall, but others would be served at their bedsides or in small cafeterias in their nursing wards.

- **Occupational Therapy, Education, and Shops Buildings.** These buildings provided occupational therapy facilities for continued treatment. The activities included arts and crafts as well as classes focused on trades or other job skills. Occupational therapy was also provided in the admissions and continued care buildings, for patients who were not able to travel to the specialized occupational therapy buildings.
- **Special Services.** Buildings grouped under this category included exercise facilities with gymnasiums and swimming pools, recreation buildings, theaters, and chapels.

Haun was a strong advocate of outdoor recreation for patients, and he recommended that neuropsychiatric hospital campuses include ample open space. He also proposed that porches be eliminated from hospital buildings to encourage patients to go outdoors and be active, and that patients have easy access to enclosed gardens. Staying in mental treatment facilities often made patients feel confined, so Haun saw exposure to the outdoors as an effective way to combat this sense of confinement⁷²

Haun's philosophies for hospital design can be seen in the buildings constructed in the 1950s at the VA Hospital, Jefferson Barracks, when the site was converted from a general medical and surgical hospital to a psychiatric hospital. At that time, many new buildings were constructed, and a new landscape plan was developed. The hospital's new neuropsychiatric treatment buildings followed Haun's recommendations in a number of ways. For example, the buildings had no porches, but enclosed gardens were included nearby, and the admissions and intensive treatment building (the Admissions Building, Building 50) was a four-story building, while buildings for longer-term continued treatment were one to two stories tall.

History of the Jefferson Barracks VA Hospital

The history of the hospital can be divided into several phases. The hospital was developed as a U.S. Veterans Bureau general medicine facility from 1922 to 1923, and some modest expansion of the facilities took place in the last half of the 1920s. The hospital was taken over by the newly formed Veterans Administration (VA) in the 1930s, and additional buildings were constructed from 1935 to 1940. No major new development was undertaken at the hospital during World War II (1941-1945). In the late 1940s, the VA decided to convert its Jefferson Barracks facility into a neuropsychiatric hospital, and construction of fifteen new buildings to suit this purpose was accomplished from 1950 to 1952. Two more new buildings were added from 1955 to 1957, and the hospital has

⁷² Ibid., 559-560.

continued to specialize in psychiatric treatment from the 1960s through the present day. Today, a major redevelopment of the VA Medical Center campus at Jefferson Barracks is planned and will include demolishing some of the existing buildings, constructing new facilities, and transferring some medical center land to the Jefferson Barracks National Cemetery.

Early Planning and Development: 1920-1929

Plans to construct a veterans' hospital in southern St. Louis on Jefferson Barracks lands owned by the U.S. Army began in earnest in 1921, when U.S. Secretary of the Treasury Andrew W. Mellon approved a plan to construct a 250-bed Public Health Services Hospital at Jefferson Barracks.⁷³ President Warren G. Harding issued an executive order transferring the land for the Public Health Hospital at Jefferson Barracks from the War Department to the U.S. Veterans Bureau.⁷⁴ The proposed site was about 180 acres of land in the southeastern corner of the Jefferson Barracks military reservation and also included an additional forty-five acres of private land to the south, which was to be purchased and donated by a local chamber of commerce.⁷⁵ According to Walter Noll, the Treasury Department draftsman in charge of the hospital project, the Jefferson Barracks land included a wood hog barn, another wooden structure, and several sinkholes.⁷⁶ The adjacent heavily wooded tract purchased by the chamber of commerce extended from the Mississippi River bluffs to Telegraph Road. The grounds of the Koch Hospital, a nineteenth-century tuberculosis treatment facility, lay south of the chamber of commerce tract.⁷⁷

In 1921, the veterans in the St. Louis area were being treated in the City Infirmary at 5800 Arsenal Street in downtown St. Louis. The federal government leased this hospital from the City of St. Louis, and the hospital was known as U.S. Veterans Bureau Hospital No. 25. The U.S. Veterans Bureau planned to return the City Infirmary to the City of St. Louis once a new veterans' hospital was constructed.⁷⁸ The St. Louis area greatly needed a modern hospital to serve its veterans, as the City Infirmary was a former almshouse and home for the elderly, with old and deteriorated buildings that lacked modern amenities. Composed of several separate four-story buildings accessed by exterior stairways, the City Infirmary provided less-than-ideal conditions—it lacked electrical

⁷³ "Secretary Mellon Approves Barracks Site," *St. Louis Post Dispatch*, 12.

⁷⁴ "Building Developments of the Month," *Greater St Louis* 3, no. 5 (January 1922), 11.

⁷⁵ "Army Hospital to Be Built at the Barracks," *St Louis Post Dispatch*, November 18, 1921, 1.

⁷⁶ Walter G. Noll (Foreman Draftsman) to James A. Wentworth (Acting Supervising Architect), official Treasury Department correspondence, "Proposed U.S. Veterans Hospital, Jefferson Barracks, St. Louis, MO," March 20, 1922, on file at National Archives, College Park, Maryland.

⁷⁷ "C. of C. Will Donate Tract for Hospital," *St. Louis Post Dispatch*, June 24, 1921, 2.

⁷⁸ "Immediate Action Urged for Four State War Hospitals," *St. Louis Post Dispatch*, August 20, 1922, A13.

service, fireproofing, proper sewage disposal, and an adequate water supply.⁷⁹ The building also had no elevators, which made it difficult for disabled veterans, and meals had to be prepared in a separate building and then carried to the patients. Some of the wards were in semi-basements.

In the early 1920s, it was common medical practice to separate patients into groups based on their medical conditions. However, at the City Infirmary, patients of all types were mixed together, which included veterans with various types of medical and psychiatric complaints, including neuropsychiatric patients, tuberculosis patients, general hospital cases, and surgical cases. Mental patients were cared for in an old warehouse at the site.⁸⁰

The new U.S. Veterans Bureau Hospital at Jefferson Barracks was designed in the Pavilion style in order to make future expansion easier (more pavilions could be added as needed). The hospital was to serve as a general medicine facility;⁸¹ tuberculosis and neuropsychiatric patients were to be treated at special U.S. Veterans Bureau hospitals built for those purposes.⁸² By 1922, the U.S. Veterans Bureau director recommended that the Jefferson Barracks general medical and surgical center be enlarged to 500 beds, but this plan was not carried out.⁸³ Plans for the hospital buildings were prepared in the office of the Supervising Architect of the Treasury,⁸⁴ and Walter G. Noll, foreman draftsman in the Supervising Architect's Office, was in charge of the project.⁸⁵ A detailed discussion of the Supervising Architect of the Treasury is provided later in this context.

Local chamber of commerce members cooperated with several other parties to bring the new veterans' hospital to St. Louis. Supporters of the project included the American Red Cross, the American Legion, local U.S. Veterans Bureau officials, the Public Health Service, the War Department, U.S. Senator Seldon P. Spencer, and congressional representatives Leonidas C. Dyer, Harry B. Hawes, and Cleveland A. Newton. The construction contract for the initial phase of the new hospital was awarded on July 5, 1922, to James Stewart and Company of New York and St. Louis, for \$779,330.00; mechanical equipment was covered under a separate contract. Plans called for work to be completed in eight months, but the project was finished in seven. The total cost for the initial seven hospital buildings was projected at \$1.3 million, with the expectation that the 250-bed capacity would be doubled to 500, for a projected total cost of \$2.5 million. In the end, the

⁷⁹“Jefferson Barracks Site Recommended,” *St. Louis Post Dispatch*, April 17, 1921, A14.

⁸⁰ *Ibid.*, A13.

⁸¹ “Army Hospital to Be Built at the Barracks,” *St. Louis Post Dispatch*, 1.

⁸² “New Hospital at Barracks May Cost \$2,000,000,” *St. Louis Post Dispatch*, November 21, 1921, 6.

⁸³ “Army Hospital to Be Built at the Barracks,” *St. Louis Post Dispatch*, 1.

⁸⁴ “Bids for Jefferson Barracks Hospital to Be Opened June 17,” *St. Louis Post Dispatch*, June 12, 1922, 9.

⁸⁵ Noll to Wetmore, “Proposed U.S. Veterans Hospital, Jefferson Barracks.”

hospital was completed in 1923 with a 300-bed capacity, even though the director of the U.S. Veterans Bureau had recommended a 500-bed capacity hospital.⁸⁶

The initial phase of U.S. Veterans Hospital construction at Jefferson Barracks was completed on March 5, 1923, at a final cost of \$1.5 million. The campus consisted of the Main Hospital (Building 1), and several auxiliary buildings including the Administrative Building (Building 2), Boiler House 1 (Building 5), Laundry 1 (Building 6), the Garage (Building 7), Nurses' Quarters (Building 3), and Attendants' Quarters (Building 4). Transfer of patients from the City Infirmary to the new hospital began in March 1923. As the initial capacity of the new hospital was only 300 patients, the new hospital was too small to accommodate all of the patients at the City Infirmary. However, many of the City Infirmary patients had tuberculosis or were in neuropsychiatric treatment, and these individuals were transferred to southwestern hospitals specializing in those fields. Other patients at the City Infirmary did not require further hospital treatment, and the U.S. Veterans Bureau established a separate outpatient clinic at Chouteau and Vandeventer avenues in St. Louis to serve patients who did not require hospitalization.⁸⁷

When the U.S. Veterans Hospital, Jefferson Barracks, first opened, treatment was limited to general medical and surgical cases that were caused by war-related disabilities. Patients came from Missouri, Illinois, Nebraska, Kansas, and Iowa.⁸⁸ The main hospital building had an H-plan with the entrance at the bar of the "H." All seven buildings were constructed of reinforced concrete with stucco exteriors and were fireproofed according to the fire-code standards of the time. The buildings all had simple ornamentation with prominent buildings featuring columned porticos at their entrances.⁸⁹

In the Main Hospital (Building 1), the central wing of the H-plan housed offices and service departments. The upper three floors in the central wing had dining rooms, hydrotherapy and physiotherapy divisions, an X-ray lab, and an operating suite. A clinical lab was on the third floor. The east and west wings of the building were occupied mainly by hospital wards. Half of the patients quartered in the wings were in private rooms, and the rest of the patients were in small wards with one to two beds, or in larger wards with eight to twelve beds.⁹⁰

The basement of the Main Hospital contained a variety of facilities, mainly recreation and occupational therapy spaces, which included a library and shops for carpentry, leather, metal work, and basket weaving. The basement also contained a recreation room, with

⁸⁶ "Building Developments of the Month," *Greater St. Louis* 3, no. 11 (July 1922), 8.

⁸⁷ "Veterans Bureau General Hospital Virtually Finished," *St Louis Star*, February 15, 1922, newspaper clippings in *St. Louis Hospitals*, Volume 2, 161-164, on file at St. Louis Historical Society.

⁸⁸ *Ibid.*

⁸⁹ *Ibid.*

⁹⁰ *Ibid.*

billiard tables and lounge chairs, and a small auditorium equipped for motion pictures and small dramatic and vaudeville performances. A refrigeration plant was located there to supply ice water so attendants did not have to haul ice through wards. The center wing of the basement contained a kitchen and a bakery equipped with modern electrical and steam-powered conveniences.⁹¹

Aside from the Main Hospital, several other buildings were part of the original 1922-1923 construction program. Two of the buildings in the complex contained living space for nurses and hospital attendants: Nurses Quarters 1 (Building 3) contained dormitory-style accommodations for thirty-eight nurses and included a kitchen, dining room, and recreation room,⁹² and the Attendants Building (Building 4) had living space for 125 people, mostly in single dormitory-style rooms. The original plans indicate that unfinished space in the basement was intended for additional dormitory rooms.⁹³

The large amount of staff housing provided at the hospital was related to the hospital's location in a far corner of St. Louis County, ten miles out of downtown St. Louis. A 1922 letter from Treasury Department Foreman Draftsman Walter G. Noll to the Treasury's Acting Supervising Architect James A. Wetmore describes rail transportation to the hospital site. The hospital land was about an hour and a half by rail from downtown St. Louis, but the nearest rail stop at the Jefferson Barracks military reservation was over a mile from the hospital.⁹⁴ The large amount of housing included in the original campus is most likely related to the lack of convenient public transportation to the site.

The hospital also included the Administrative Building (Building 2), which held administrative offices. Utility buildings included Boiler House 1 (Building 5), Laundry 1 (Building 6), and the Garage (Building 7). The site also featured a 180' water tower to supply fresh water. Once the buildings were complete, plans were made to also develop an outdoor recreation area, including a swimming pool, tennis courts, croquet grounds, and indoor and outdoor baseball diamonds. These facilities were built north of the main hospital complex, on land that is now occupied by neuropsychiatric facilities that were added to the campus in the 1950s.⁹⁵

Several buildings were added to the hospital campus during its first seven years of operation. In 1926, the Storehouse (Building 8) was constructed for general storage and secure storage of drugs and narcotics. In 1929, the bureau built the three-story Neuropsychiatric Building (Building 25) to accommodate approximately 100 psychiatric patients. Also in 1929, the Medical Officer in Charge Residence (Building 28) and two

⁹¹ Ibid.

⁹² "Veterans Bureau General Hospital Virtually Finished," *St. Louis Star*, 161-164.

⁹³ Department of the Treasury, Supervising Architect's Office, *Jefferson Barracks*.

⁹⁴ Noll to Wetmore, "Proposed U.S. Veterans Hospital, Jefferson Barracks."

⁹⁵ "Veterans Bureau General Hospital Virtually Finished," *St. Louis Star*, 161-164.

duplexes were built to house high-ranking hospital officials and their families. By about 1930, a warehouse addition had been built on the north side of the Garage.

The Veterans Administration, New Deal Development, and World War II: 1930-1945

In 1930, the U.S. Veterans Bureau was disbanded, and the duties of the bureau were taken over by the newly formed Veterans Administration (VA). In the mid-to late-1930s, five new buildings were constructed by the VA at Jefferson Barracks: the Engineering Maintenance Building (Building 17) was added in 1935, the Recreation Building (Building 24) was built in 1936, the Dining Hall (Building 23) was completed in 1937, Nurses' Quarters 2 (Building 18) was added in 1939, and the Personnel Garage (Building 35) a garage for Nurses' Quarters 2, was completed in 1940.⁹⁶ Construction of these buildings upgraded the hospital campus and allowed recreational, kitchen, and dining room space in the Main Hospital to be converted to medical uses.

The VA Hospital, Jefferson Barracks, continued to serve the general medical and surgical needs of veterans in the region through World War II. During the war, the federal government's construction efforts focused on military construction and military-related industrial development, so no additional major buildings were added to the VA's Jefferson Barracks Hospital campus during this time.

With the end of World War II in 1945, the VA began to prepare for the large amount of medical and psychiatric treatment that would be needed for returning World War II veterans. In 1945, Congress recommended a 400-bed increase in capacity for VA hospital services in the St. Louis area, including the construction of two new approximately 250-bed-capacity hospitals in St. Louis County. One new hospital was intended for tuberculosis patients, and the other was planned for neuropsychiatric patients.⁹⁷ In the end, the VA decided to build a new hospital in downtown St. Louis, and to expand the Jefferson Barracks facility. Plans were announced the following year for a new 1,000-bed general medical and surgical hospital in downtown St. Louis, now known as the John Cochran VA Hospital. The plan also called for the 597-bed surgical and medical hospital at Jefferson Barracks to be converted into a neuropsychiatric hospital. Approximately 500 additional beds were planned for the Jefferson Barracks VA facility as part of the transition.⁹⁸

⁹⁶ Department of the Treasury, Supervising Architect's Office, *Jefferson Barracks*.

⁹⁷ "Congress Asked for More Beds at Vets' Jefferson Barracks Hospital," *Moberly Monitor-Index*, June 14, 1945, 1.

⁹⁸ *Ibid.*

**Postwar Development—Conversion to and Operation as a Neuropsychiatric Hospital:
1946-1975**

In the 1950s, the VA Hospital at Jefferson Barracks was converted into a neuropsychiatric hospital, with plans for the facility heavily influenced by the recommendations of Dr. Paul Haun, the psychiatrist in the VA's Washington, D.C. office who was very influential in shaping the design of post-World War II mental-health treatment facilities. Haun was also reportedly a former member of the neuropsychiatric division at the Jefferson Barracks VA Hospital. Haun's recommendations called for psychiatric hospitals to have a high-rise building for admissions and initial treatment, several one-to-two-story buildings for longer-term treatment, and other buildings specifically for recreation, skills training, administration, and religious worship. Patients were to be in small nursing wards, to foster a closer relationship between the patient and the doctors and other therapeutic team members who were providing treatment.⁹⁹

Eight new buildings were constructed at Jefferson Barracks from 1950 to 1952, with five of the buildings used for psychiatric treatment; the rest of the buildings were support facilities. The psychiatric treatment buildings closely followed Haun's recommendations. The largest of the six facilities was the four-story Admissions Building (Building 50), which handled initial examinations and assessments. Within 48 hours of being admitted to the hospital, the patient's initial examinations involved attention from a physician, dentist, vocational counselor, clinical psychologist, social service worker, chaplain, nurse, and ward attendants.¹⁰⁰ The Admissions Building was also the setting for the patient's first four to six months of psychiatric treatment.

After six months, if a patient had not recovered, then the patient was moved to one of three continuing-care buildings, which included the Infirm Building (Building 51), a nursing home for the elderly, weak, or disabled patients; the Spinal Cord and Tuberculosis Building (Building 52), for psychiatric patients with tuberculosis and spinal cord injuries; and the Disturbed Building (Building 53), for suicidal or violent patients, or patients with severe mental disorders. Each of these buildings had a central kitchen and a dining hall on each floor. Each nursing ward unit in the buildings had a nursing area, a day room, office space, and visiting rooms. These buildings were also one- to two-stories high so that patients could easily leave the wards and venture outdoors, since Haun considered outdoor recreation an important part of treatment. A Medical Rehabilitation building (Building 65) was also provided for occupational and arts and crafts therapies, with classroom, administrative, and shop space, but this building did not include living space for patients.¹⁰¹

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

Support facilities of the hospital's 1950-1952 construction campaign included the Laundry (Building 48), the Kitchen (Building 60), the Chapel (Building 64), the Medical Rehabilitation Building (Building 65), and Boiler House 2 (Building 70/70A/71). Existing buildings from the 1920s and 1930s eras were used for the neuropsychiatric hospital's administration, recreation, staff housing, and general medicine facilities. However, from 1955 to 1957, two more buildings were added to the hospital to enhance recreational facilities: the Special Services Building (Building 61), which featured a theater, bowling alley, and library; and the Therapeutic Exercise Building (Building 63), which contained a basketball court and a swimming pool.

With the construction of the John Cochran Hospital—the new general medical and surgical center in downtown St. Louis—surgeries ceased to be performed at Jefferson Barracks in 1954, and all attention was turned to treating neuropsychiatric patients. However, the VA's Jefferson Barracks facility resumed some surgical activity again in 1958.¹⁰²

In 1958, reporter Mary Kimbrough wrote an article in the *St. Louis Post Dispatch* describing life at the VA Hospital at Jefferson Barracks. The article describes the hospital as being an 815-bed institution spread across a 214-acre wooded tract overlooking the Mississippi River. Kimbrough reported that hospital patients wore their own clothes instead of hospital gowns and lived in small wards. The patients had a library, basketball courts, pool tables, a baseball diamond, a golf course, a swimming pool, and operated a radio station and a hospital newspaper. The hospital also allowed some patients to keep pets, including birds and fish. For recreation, patients could attend movies or participate in theater productions. Occupational and arts therapy was also emphasized in the article. Patients attended a variety of art and craft classes and learned trades that ranged from leatherworking to electronics repair and typing. The article also emphasized that psychoactive drugs were now being used to control patient behavior and to assist with therapy, and that the use of these drugs had eliminated harsher forms of treatment such as electro-shock therapy.¹⁰³

Major upgrades were made to the hospital in 1963. At that time, the VA installed air conditioning in thirteen buildings and added a chilled-water distribution system to the campus. The VA also enhanced several campus buildings by adding new lighting and acoustical tile ceilings.¹⁰⁴

In 1965, a Chaplain School was established at the VA Hospital, Jefferson Barracks. This unique six-week training program was offered to ordained ministers of various faiths who had at least three years of experience. The program prepared ministers to serve at VA

¹⁰² "Barracks Hospital Has Surgical Care," *St. Louis Globe Democrat*, October 5, 1958, from clippings at the Mercantile Library, University of Missouri, St. Louis.

¹⁰³ Kimbrough, "Rehabilitation Is Goal."

¹⁰⁴ "Barracks Hospital Bids," *St. Louis Post Dispatch*, April 10, 1963, 21A.

hospitals around the United States, with training on how to help patients make the transition between hospital living and life in the outside world. The students were instructed by the various department directors at the hospital, and studied psychology, hospital housekeeping, social work, engineering, and fiscal operations. The chaplains functioned as hospital staff while attending the school, interacting with medical and administrative staff, consulting with patients, administering sacraments, and conducting religious services. The Chaplain School was the only program of its kind in the United States, and it continued until the program funding was discontinued in 1975.¹⁰⁵

During the late 1960s and early 1970s, the Jefferson Barracks VA hospital began to address the growing drug addiction rates among returning Vietnam War veterans. In 1971, the VA opened a drug addiction center at the hospital that could handle up to 150 outpatients and fifteen admitted patients per day.¹⁰⁶ The hospital's annual budget for treating drug addiction was \$500,000 and focused largely on a program for heroin addiction that included six weeks of inpatient therapy followed by outpatient treatment.¹⁰⁷

Another VA hospital improvement of the 1970s at Jefferson Barracks was an upgrade of the spinal-cord unit. Constructed from 1972 to 1975, this sixty-bed unit was housed in an existing building¹⁰⁸ and staffed by seventy-five doctors, nurses, and other professionals. The VA built this spinal-cord unit at Jefferson Barracks so patients could take advantage of the medical center's existing gym and pool facilities for therapeutic exercise, as well as existing occupational and recreational therapy clinics. The new spinal-cord unit had single, double, and triple-bed rooms, spaces for therapy, and a home-environment clinic where patients were trained to function independently.¹⁰⁹ The unit also offered driver training and help in purchasing specially equipped motor vehicles that could be operated by patients who were paralyzed from the waist down.¹¹⁰

Around the same time, the VA made improvements to the St. Louis VA nursing home facility and added a hyperextension screening and treatment center.¹¹¹ The VA renovated an existing building for the improved nursing-care unit, which included ninety-four beds, twenty-six more than the old facility.¹¹² Before the improvement project, the nursing home unit had been located at the John Cochran Hospital, the VA's general medicine and surgical hospital in downtown St. Louis.¹¹³ The Jefferson Barracks VA hospital also

¹⁰⁵ Ann Daly, "Unique School to Train Chaplains Run by VA at Jefferson Barracks," *St. Louis Globe Democrat*, April 19, 1967.

¹⁰⁶ "VA Center to Treat Drug Addicts," *St. Louis Globe Democrat*, May 19, 1971.

¹⁰⁷ Theodore P. Wagner, "VA Center Offers Relief to Addicts," *St. Louis Post Dispatch*, October 20, 1971.

¹⁰⁸ "VA to Build Unit for Spinal Cord Treatment Here," *St. Louis Globe Democrat*, October 19, 1971.

¹⁰⁹ "Spinal Cord Center at Jefferson Barracks," *St. Louis Post Dispatch*, December 18, 1975.

¹¹⁰ "Spinal Cord Injury Center Dedicated," *St. Louis Globe Democrat*, December 20, 1975.

¹¹¹ "Improved Services at VA Hospitals Cost \$2.4 Million," *St. Louis Globe Democrat*, July 24, 1972.

¹¹² "Hospital Expansion," *St. Louis Post Dispatch*, June 22, 1972.

¹¹³ "VA Hospital Plans 94-Bed Care Unit," *St. Louis Post Dispatch*, July 2, 1972.

received a \$315,000 grant in 1974 to construct a geriatrics research center. It was to be one of six centers built at VA hospitals across the country and focused on rehabilitation and major problems facing the aging, including blindness, deafness, urinary tract disabilities, and senility.¹¹⁴ In 1974, the hospital was designated as a major geographic center for medical services, with responsibilities to provide continuing education to VA doctors, nurses, and technicians in Missouri, Illinois, Indiana, Kentucky, Tennessee, and Wisconsin.¹¹⁵

Recent History: 1976-2010

Today, the VA Hospital at Jefferson Barracks is known as the St. Louis VA Medical Center, Jefferson Barracks Division, and is affiliated with the St. Louis VA Medical Center, John Cochran Division. Together, the two VA hospitals serve veterans and their families in east-central Missouri and southwestern Illinois. The Jefferson Barracks Division provides psychiatric treatment, a nursing home, geriatric health care, and various rehabilitation services including a program for homeless veterans. The John Cochran Hospital, located in midtown St. Louis, provides surgical, ambulatory, and intensive care, as well as laboratory services and outpatient psychiatric clinics. The two hospitals are affiliated with the St. Louis School of Medicine, the Washington University School of Medicine, the Missouri Veterans Home, the St. Louis College of Pharmacy, the Southern Illinois School of Dentistry, and the University of Missouri–St. Louis School of Optometry.¹¹⁶

Architects and Contractors

The Original 1922-1923 Campus

The original seven buildings of the U.S. Veterans Hospital, Jefferson Barracks, were designed by the Department of the Treasury Supervising Architect's Office. During the 1920s, James A. Wetmore was the executive officer in the Supervising Architect's Office, although he was an administrator and was not trained as an architect. Wetmore joined the staff of the Supervising Architect's Office in 1896 and worked in the office's Law and Records Division. Wetmore served as the temporary supervising architect in 1912, between the tenures of James Knox Taylor and Oscar Wenderoth. Under Wenderoth, Wetmore functioned as second-in-charge. Wenderoth left the agency in 1915, and Wetmore assumed the title of Acting Supervising Architect of the Treasury. Treasury

¹¹⁴ "Geriatrics Grant for VA Hospital," *St. Louis Post Dispatch*, February 5, 1974.

¹¹⁵ "Medical Center at VA Hospital to Open in Fall," *St. Louis Globe Democrat*, March 30, 1974.

¹¹⁶ United States Department of Veterans Affairs, *St. Louis VA Medical Center, Jefferson Barracks Division*, <http://www2.va.gov/directory/guide/facility.asp?ID=5362> (accessed July 29, 2010).

Secretary William McAdoo considered Wetmore to be a brilliant administrator and made Wetmore's appointment permanent.¹¹⁷

Working together, McAdoo and Wetmore developed standardized plans for all federal buildings. Previously, design of federal buildings was contracted out to private architectural firms, which often resulted in buildings that reflected the Neoclassical Revival aesthetic that had been fostered by the 1893 Chicago Columbian Exposition and the City Beautiful planning movement. To cut costs and increase efficiency, McAdoo and Wetmore stopped using private architects and instead developed standardized plans for public buildings.¹¹⁸

Wetmore and McAdoo also developed a classification system for public buildings that categorized buildings according to three factors: the level of financial activity associated with the facility, the prominence of its location, and the size of the community where it was located. Highly visible buildings that accommodated high-revenue facilities in large cities were given a high level of architectural detail, while buildings on less prominent sites in small communities were plainer. For example, a prominently sited main post office in a major city might have a high-style Italian Renaissance exterior executed in marble or granite, with high-grade ornamental bronze fixtures. In contrast, a minor federal building in a small town would feature a brick exterior, stock trim, and little ornamentation. Wetmore also developed standard plans for furniture and maintenance. Although the plans were standardized, Wetmore and his staff realized that each construction project required a separate set of drawings and specifications because each project had unique requirements in terms of cost, materials, and site-related factors. Designs for all buildings were developed by architectural draftsmen in the Supervising Architect's Office.¹¹⁹

At the U.S. Veterans Hospital, Jefferson Barracks, construction drawings for buildings constructed in 1922-1923 were completed by draftsmen in the Supervising Architect's Office. Judging by the relatively plain exteriors of the buildings and the modest building materials used—reinforced-concrete frames and stucco-clad masonry walls—it is clear that the Supervising Architect's Office considered the VA Hospital, Jefferson Barracks, to be of fairly low importance in Wetmore's hierarchy of federal buildings. The VA hospital campus at Jefferson Barracks was located in a fairly out-of-the-way portion of St. Louis County and did not meet any of the Treasury Department's qualifications for high-style designs and finishes.

James Stewart & Company was awarded the contract for the construction of the first seven buildings at the U.S. Veterans Hospital, Jefferson Barracks. The company was originally

¹¹⁷ Antoinette J. Lee, *Architects to the Nation: The Rise and Decline of the Supervising Architect's Office* (New York: Oxford University Press, 2000), 220, 215, 222-223.

¹¹⁸ *Ibid.*, 224.

¹¹⁹ *Ibid.*, 224-226.

established in Kingston, Ontario, Canada, in 1845, and was relocated to St. Louis in 1865. By the 1920s, the company had offices in St. Louis and New York City and was one of the most prominent construction firms in the country. The construction company began in the United States by constructing railroads west of the Mississippi River, and by 1900, the company had expanded to include banks, department stores, hotels, and civic structures. Aside from the VA Hospital at Jefferson Barracks, the company was well known for constructing Cincinnati's Union Terminal Station and the Baltimore and Ohio Railroad Company's terminal in Baltimore (now part of Oriole Park at Camden Yards).¹²⁰

Early Additions to the Campus: 1924-1945

From 1924 to 1940, the U.S. Veterans Bureau/Veterans Administration (VA) used their in-house draftsmen to design buildings added to the Jefferson Barracks hospital. No major buildings were added to the hospital campus from 1941 to 1945 because of World War II government funding priorities. The campus hospital buildings of 1924-1940 generally mimicked the Neoclassical Revival design features and exterior finishes of the original 1922-1923 campus buildings. All buildings added during this period had stucco-clad exteriors, and the more prominent buildings had porticoes and other features similar to the Main Hospital. Utility buildings were plain in character. A few buildings were added to the campus in the mid-1920s, and four buildings were added in 1929, including housing for hospital officials and a Neuropsychiatric Building (Building 25). No major new construction occurred in the early 1930s, but three major buildings and two minor buildings were added to the campus from 1935 to 1940. After 1940, major new construction at the VA's Jefferson Barracks Hospital did not resume again until the post-World War II years.

Postwar Expansion: 1946-1957

In the late 1940s, the VA decided to expand its Jefferson Barracks hospital and convert the campus to a neuropsychiatric hospital. This decision led to a construction boom at the hospital that lasted from 1950 to 1952, with additional follow-up work completed from 1955 to 1957. For this expansion, private architectural and engineering firms planned the new campus layout, designed most of the major new buildings, and drew up plans for the major renovation of existing buildings. The hospital's new buildings and campus layout of the early 1950s were the work of the St. Louis architectural and engineering firm Jamieson and Spearl. In the area of landscape design, Jamieson and Spearl were assisted by eminent landscape architect John Noyes.

Jamieson and Spearl was the successor firm to Cope and Stewardson of Philadelphia, Pennsylvania. The firm had been established by Walter Cope and John Stewardson in

¹²⁰ National Building Museum, "James Stewart Construction Collection," <http://www.nbm.org/exhibitions-collections/collections/stewart-construction.html> (accessed July 21, 2010).

1885, and the partners designed many of the original buildings at Washington University in St. Louis. In 1900, the firm opened a St. Louis office headed by James Jamieson, a young Scottish draftsman. Walter Cope died in 1902, and Jamieson took control of the St. Louis office. Jamieson designed many major buildings at the Washington University campus, most in the Collegiate Gothic style,¹²¹ and partnered with George Spearl in 1918 to form Jamieson and Spearl. This firm designed many buildings at colleges and universities in the Midwest, including the University of Arkansas and the University of Missouri. The firm also was responsible for many well-known St. Louis buildings, including the Shell Building and several buildings at the City Hospital. Jamieson died in 1941, but the firm continued to use the name Jamieson and Spearl into the 1950s.¹²²

The 1950-1952 landscape plan for the grounds of the VA Hospital, Jefferson Barracks, was created by landscape architect John Noyes, a Massachusetts native who started his career with the Olmstead firm in Boston. In 1913, he was hired as an instructor at the Shaw School of Botany at Washington University in St. Louis. Later, at the Missouri Botanical Gardens, he attained the position of Chief Landscape Architect and transformed the facility's formal Victorian gardens, designed by Frederick Law Olmstead, into a more free-flowing natural landscape. Noyes collaborated with Jamieson and Spearl on projects at the Missouri Botanical Gardens and also worked with various public and private clients as part of a private landscape practice he maintained. Noyes retired in 1954, so the landscape plan for the VA Hospital was completed in the final years of his career.¹²³

The later 1950s buildings constructed at the hospital were designed by the architectural and engineering firm Maguolo and Quick. This firm's origins can be traced to the 1922 establishment of a St. Louis office by the St. Paul, Minnesota, architectural firm of O'Meara and Hill. O'Meara and Hill designed many Catholic churches and hospital complexes in the 1920s and 1930s, but Hill left the firm in 1930 and O'Meara died in 1945. After O'Meara's death, the firm reorganized under the leadership of two principals: engineer George Maguolo and architect G. E. Quick. In the 1950s, Maguolo and Quick continued O'Meara and Hill's pattern of specializing in Catholic churches and hospitals, and worked on the DePaul Hospital in St. Louis and the St. Joseph's Cathedral in Jefferson City, Missouri.¹²⁴

¹²¹ Washington University Libraries, "Grotesques, Glass, and Graham: A Marriage of Masonry," <http://library.wustl.edu/units/spec/exhibits/graham/> (accessed July 27, 2010).

¹²² Esley Hamilton, *National Register of Historic Places Inventory Nomination Form for the Washington University Hilltop Campus Historic District*, 1978, on file at the Missouri State Historic Preservation Office, Jefferson City.

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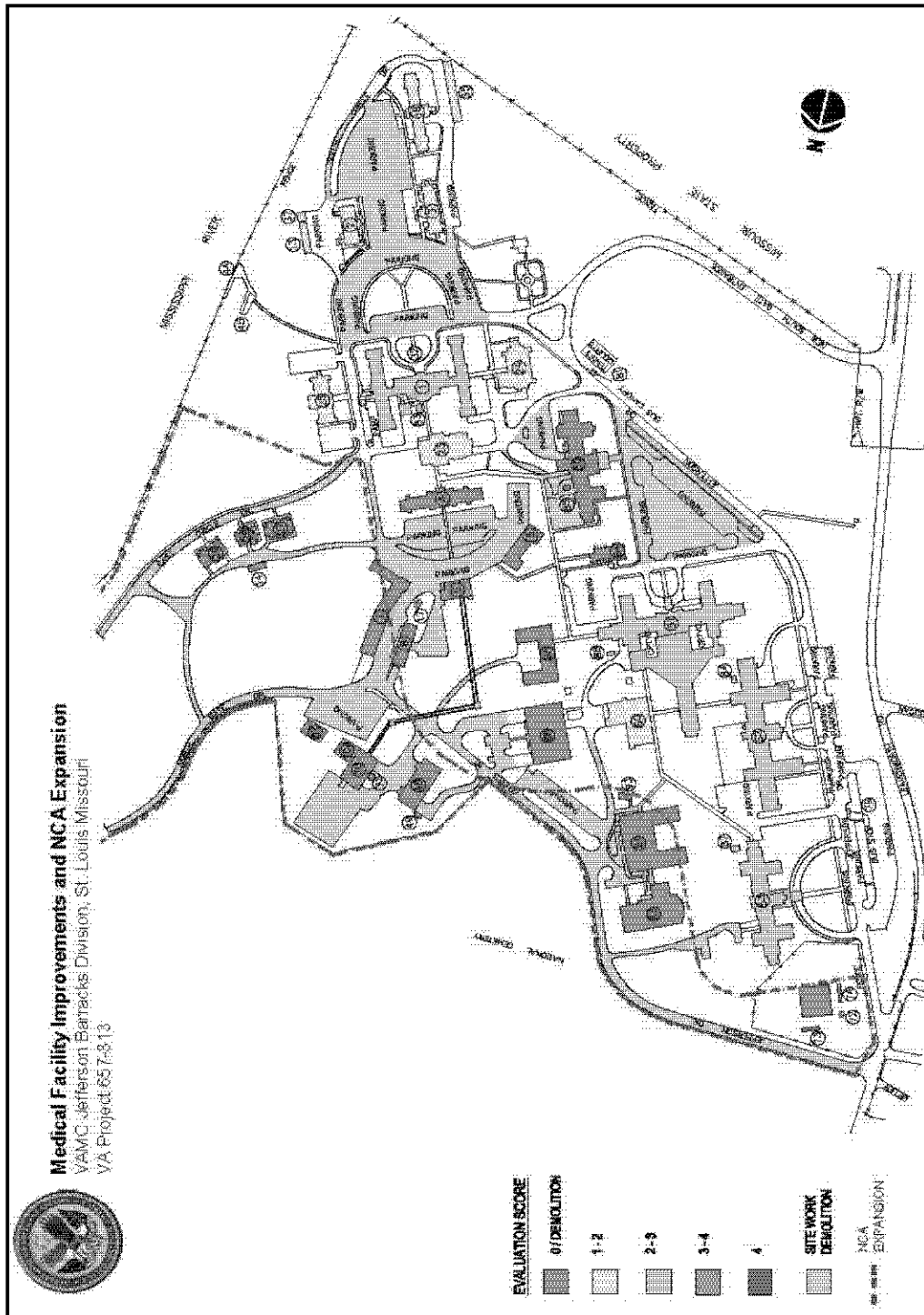
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Current plan of the hospital site (2010)

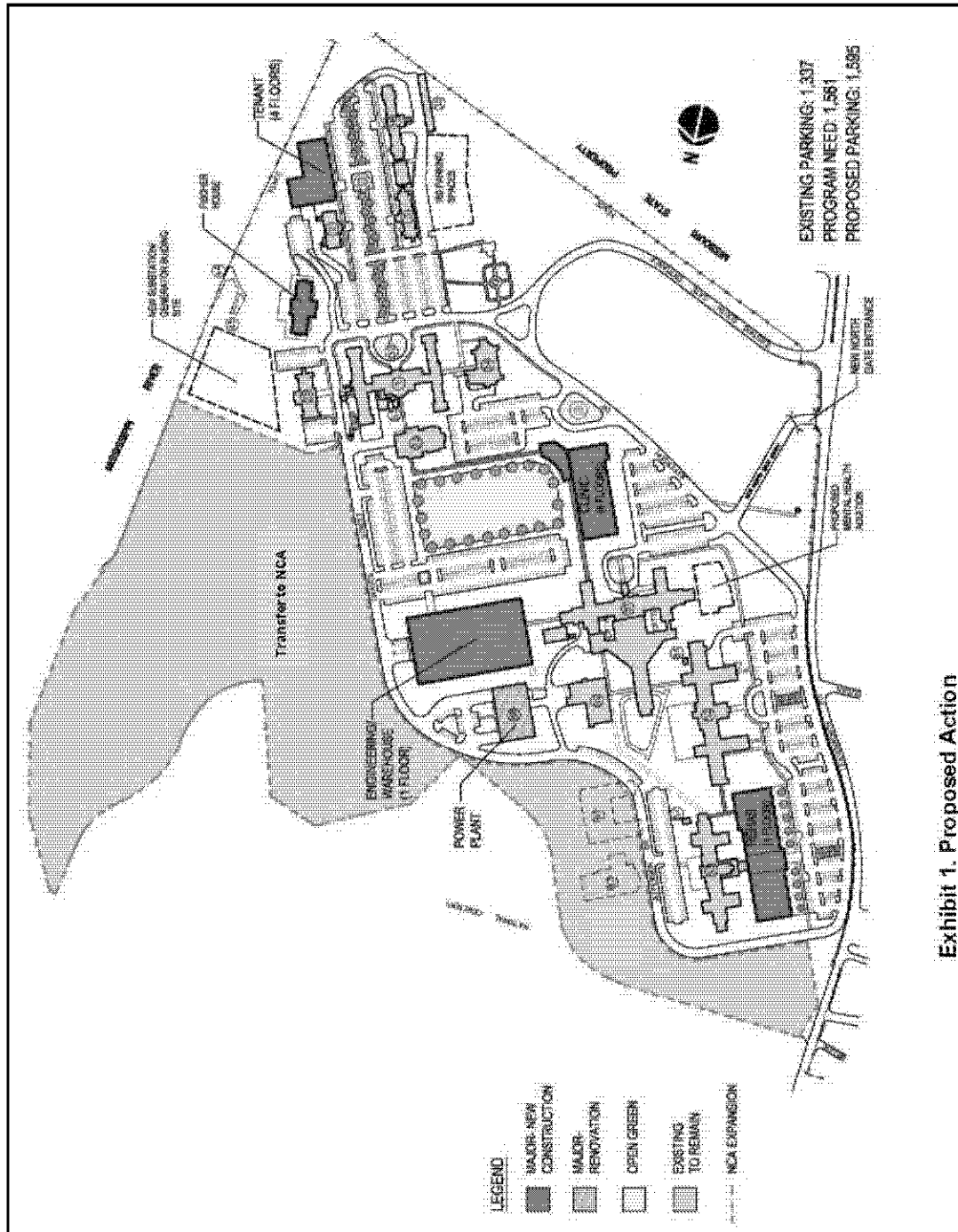
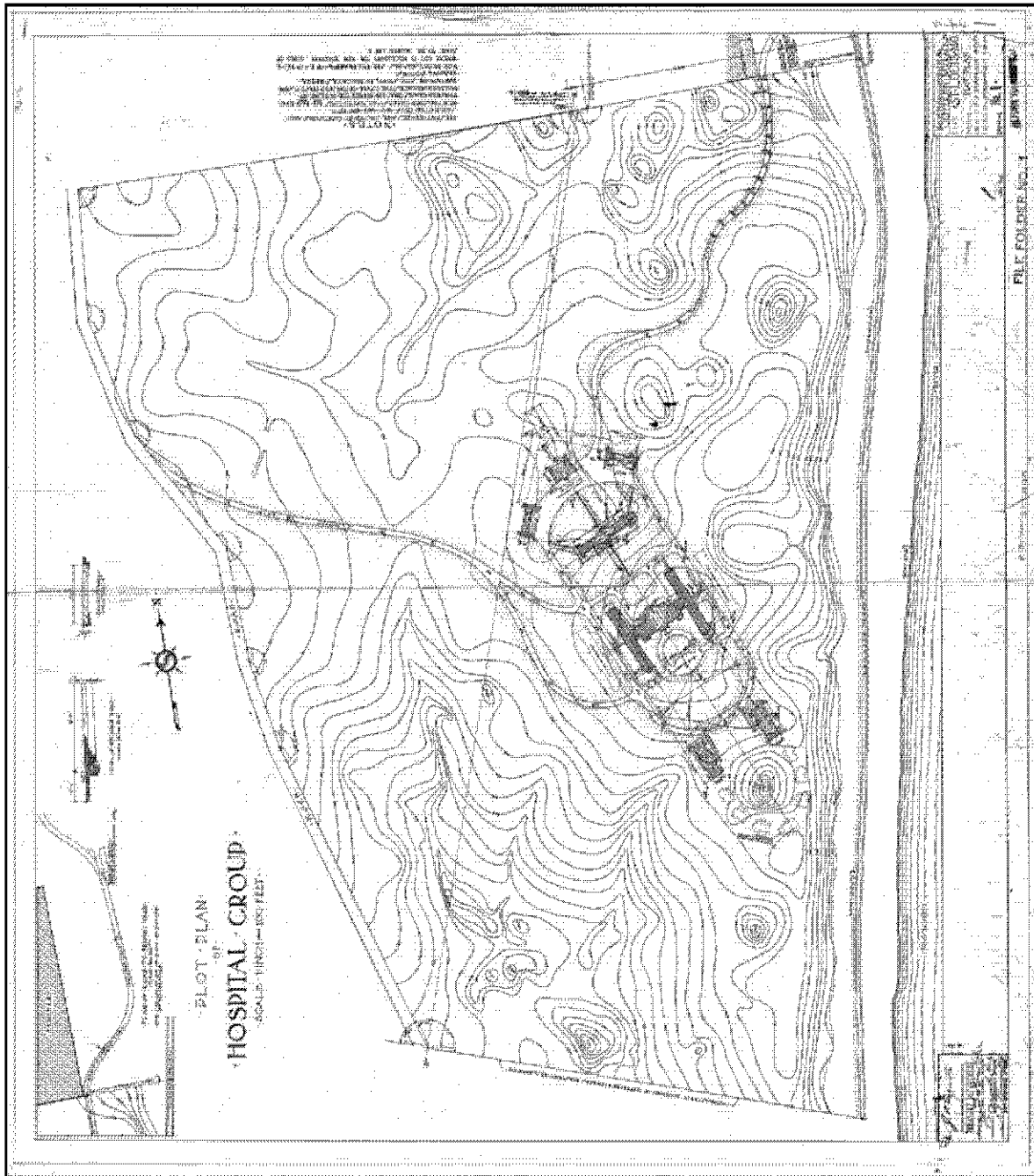


Exhibit 1. Proposed Action

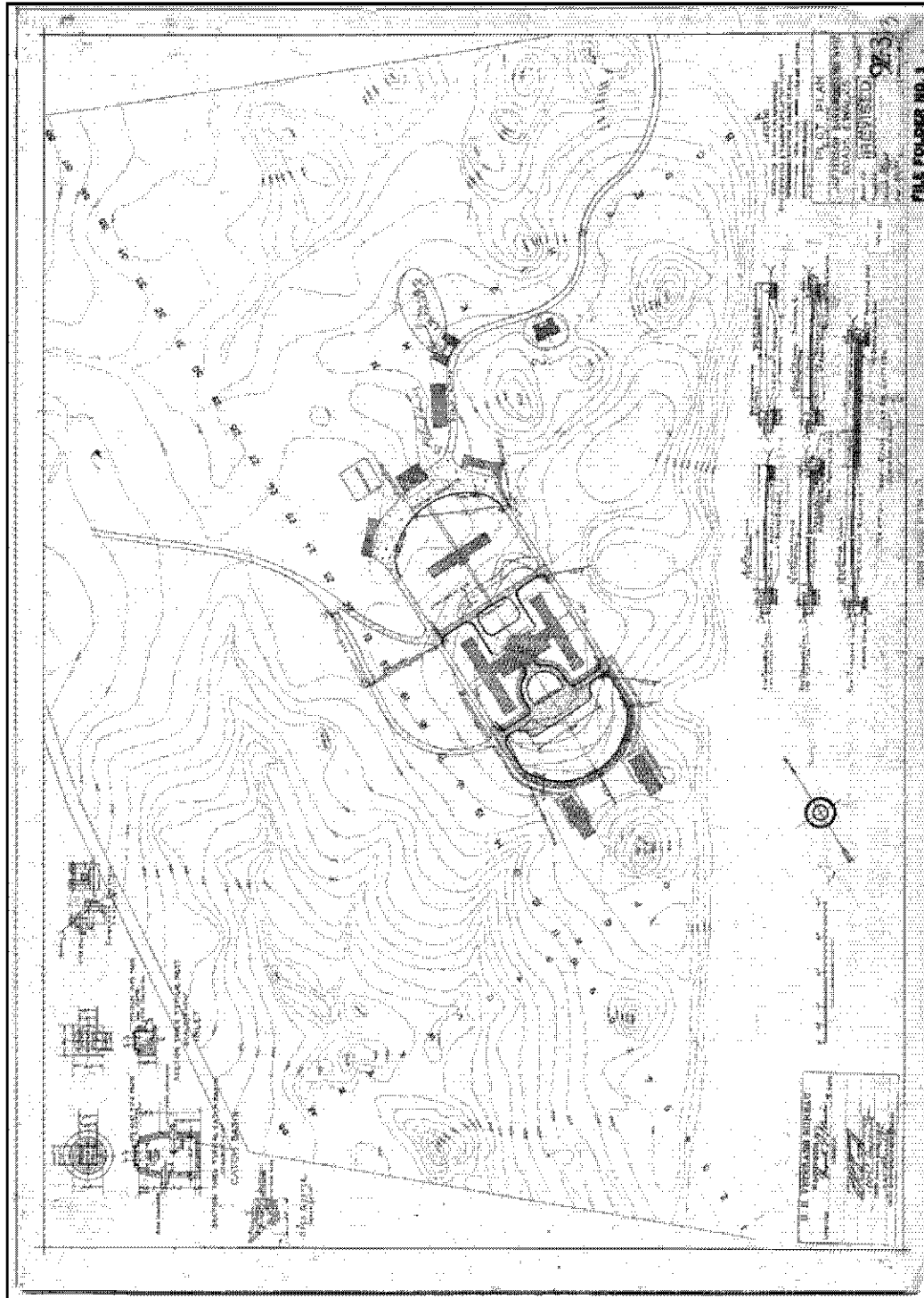
Proposed alterations to the hospital site (2010)

U.S. VETERANS HOSPITAL, JEFFERSON BARRACKS
HABS No. MO-1943
(Page 53)

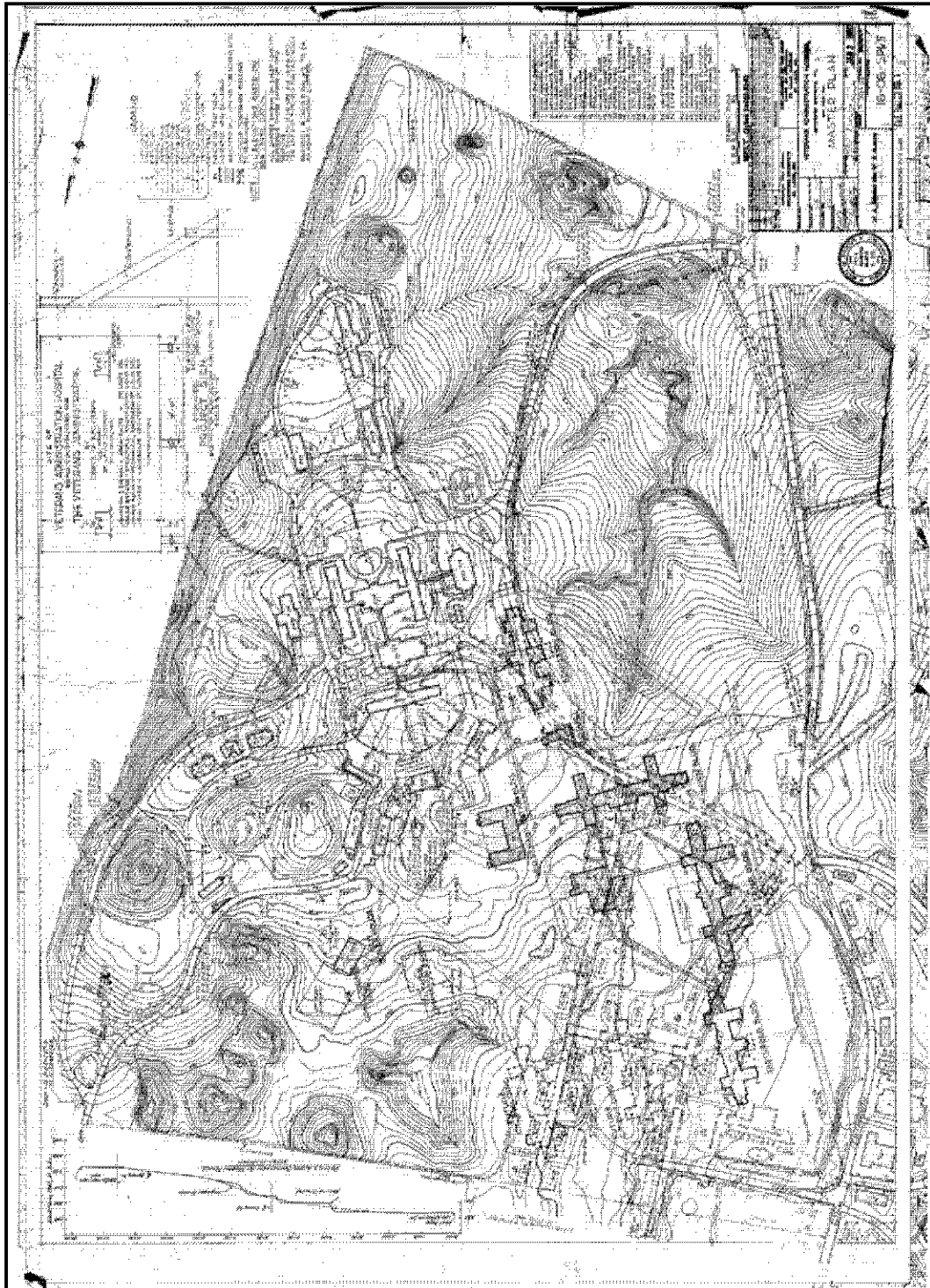


Plot plan of the U.S. Veterans Hospital, Jefferson Barracks, 1922

U.S. VETERANS HOSPITAL, JEFFERSON BARRACKS
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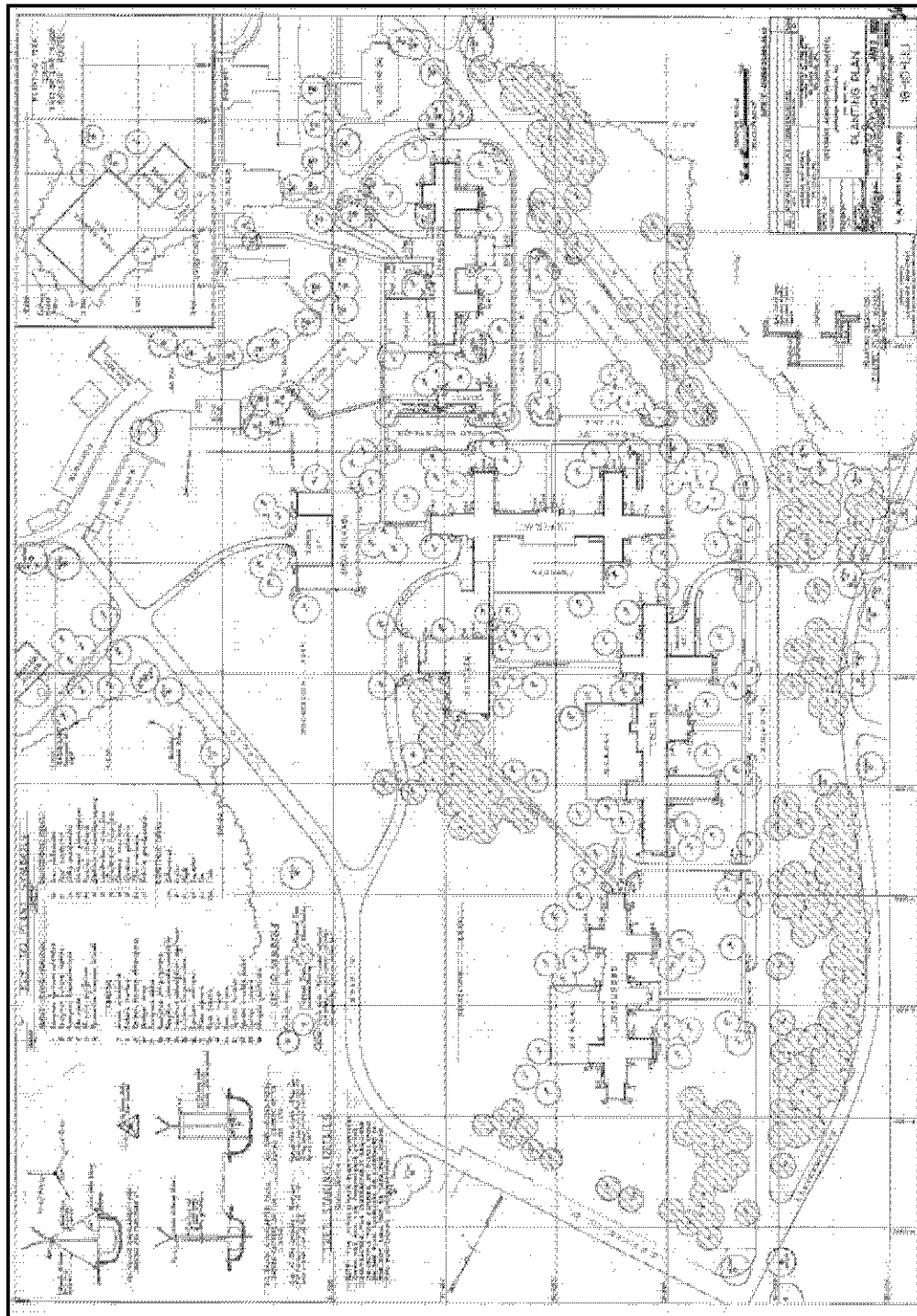


Plot plan of the U.S. Veterans Hospital, Jefferson Barracks, 1925



Master plan of the Veterans Administration Hospital, Jefferson Barracks, 1950

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Planting plan for the Veterans Administration Hospital, Jefferson Barracks, 1950